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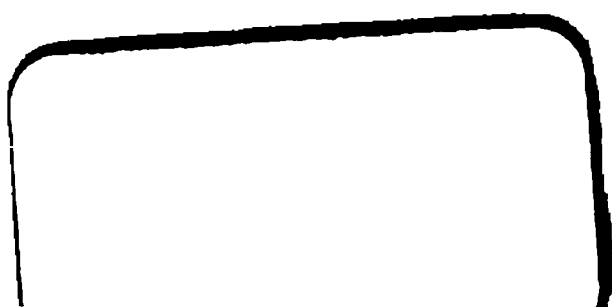
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—THE—  
**Southern Practitioner,**

  
AN INDEPENDENT MONTHLY JOURNAL

DEVOTED TO MEDICINE AND SURGERY.

NASHVILLE, TENN.

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**EDITOR AND PROPRIETOR:**

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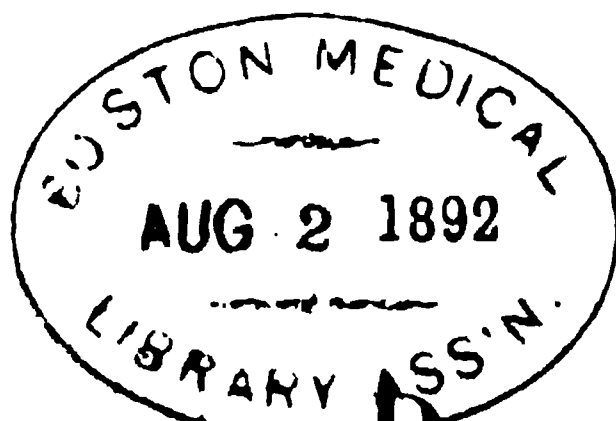
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## *Original Communications.*

### CAUSES WHICH IMPERIL THE HEALTH OF THE AMERICAN GIRL AND THE NECES- SITY FOR FEMALE HYGIENE.\*

BY GEO. J. ENGEIMANN, A. M., M. D.

*President Southern Surgical and Gynecological Association ; President St. Louis  
Obstetrical and Gynecological Society ; Professor Diseases of Women Missouri  
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Gynecological Society ; Fellow of the British Gynecological Society ;  
Fellow of the London Gynecological Society.*

To guide women in greater safety through the dangers which beset her path in life, is one of the highest and most sacred duties of our profession, as we may say that the care of women is the care of the nation ; the good health, mental, moral and physical of the woman and mother, is the very foundation of our national growth and prosperity, and the conditions which tend to under-

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\*Abstract of President's address before the Southern Surgical and Gynecological Society, Atlanta, Nov. 11, 1890.

mile that health cover a field, extent and importance that you will readily realize the necessity of a limitation of my remarks.

I shall speak to you of the girl, the coming mother, of adolescence, the most important and interesting period of woman's life, the period of greatest functional activity, during which the foundation for future health is laid. It is the most dangerous period, during which the organism, the budding mind, the developing system, are more susceptible to disturbing influences from without and within.

It is in the time when the clay is soft and the vessel is forming, when it yields most readily, and trifling impressions are permanently recorded.

It is in this period of school, the period of beginning social life, the period of learning in trades, that the nervous energies of the female are most fully engaged, and her activity is concentrated on the brain function, to the detriment of other functions, above all the developing sexual function, the central and most important, and at that time most readily disturbed.

That I speak of the American girl is but natural, and I need hardly say that she is, moreover, subjected to a far greater number of disturbing influences than her sisters in other lands, more recklessly exposed to the very injuries which react most violently upon the female function.

True as it generally is, that woman is the exponent of a nation, indicative of its development, of its growth, of its depreciation, the American woman is more closely linked with the state and fate of her nation than the women of other countries.

She shares the febrile activity of our existence; she is the factor in our social and political economy; the participant in the rush and crush of the times to the utmost extent of her nerve force and brain power; but especially is this true of the American girl, as compared with the girls of other countries.

When I speak of the American girl I speak not of the extremes, not of the rich or poor, but of the girl of the great middle class of our cities—the typical American girl. Compare her to her hearty, strong-boned English sister; the French girl raised within convent walls, carefully guarded, removed from



life until her marriage; or to the average German girl, reared amid the calmness of her surroundings, taught the solid rudiments of learning and educated in household duties.

Compare her even to her sister of the village or country, if she still be free from contaminating influences—from the nerve life of city or boarding school.

You will recognize her at once. You will recognize the effect of brain work and nerve strain, the rush and mental activity of the day, the want of muscular training, the want of harmony in life, in training and education, mental, moral and physical.

Whilst I will not agree with Ploss in his characteristics of the American girl, when he records the statement of an ungallant Yankee, that the American girl has no bones, no muscle, no vitality—only nerves; and what should we expect, he asked, when in the place of bread they eat chalk, in the place of wine they drink ice-water, wear tight corsets and thin shoes.

Even now one of our greatest authorities, and one of our keenest observers, Dr. T. Weir Mitchell, says that the American woman is unfit for her duties as a woman, not quite up to what nature asks of her as a wife and mother.

I believe that the essential causative factor to which the ill-health of the American girl must be referred is functional neglect, or ignoring the functions, and over brain work, over exertions of the nerves and emotions, with imperfect development of the muscular system, an inharmonious development and exertion, physical, mental and moral.

The peculiar organization of woman is too much ignored, and it is claimed that woman is equal to man in her primitive state, and that her functions are physiologically and naturally not in want of any particular attention. Is this function of such paramount importance, and does it so completely control woman's life? This is a physiological problem upon the solution of which depends the relative capacity of woman for labor, mental and physical, and an understanding of the causes of diseases, their influences and their remedies.

The answer is readily found if we observe with an unprejudiced eye the existing conditions.

Throughout all the great kingdoms of nature, the importance of the reproductive function in the female is demonstrated; it is strikingly demonstrated in the vegetable as well as in the animal life; it was recognized by the intuitive keenness of the most primitive people, and distinct expression is given to these fundamental facts in nature, by the great law-givers of the ancient times.

Differences in sex are, more or less, well marked throughout the vegetable kingdom, and the supremacy of the reproductive function in the female, with the necessity of additional vitality for its perfect performance is distinctly characterized.

This is well exemplified in our common hemp, which develops over fifty per cent. of male plants, when the seed is fairly distributed over fertile soil, as a superabundance must be provided for the necessary waste which follows the distribution of the male pollen by the wind. If the seeds are thickly sown, so that the nutrition is insufficient or scant, the number of female plants will be diminished, as the ample supply for their greater vitality is wanting; and if densely crowded the female plant may be altogether unable to develop. To the fruit-grower the great demand of vitality for the reproductive function is well known. The apple tree with a luscious growth and foliage bears no fruit, its vitality all being directed towards the one function of vegetable growth. To reduce this the tree is girdled, when with a diminution of growth and foliage it again fruits.

So harmonious development of the function is as necessary for the symmetrical growth of the plant, as it is to the perfect development of the human being.

The high importance of the peculiar function of women, which it is a tendency of our enlightened nineteenth century to undervalue and ignore, was fully appreciated by the people of olden times, and the necessity of functional hygiene for the welfare of the community was recognized to such an extent that it was made obligatory by laws of custom or religion, and the highest penalties—expulsion from the community, everlasting damnation, and even death, were imposed for certain transgressions which are thoughtlessly practiced to-day by the refined and enlightened beings of our advanced civilization.

The essence of such laws and customs of the savages of to-day, in fact, of all primitive people, from past to present, was rest, functional rest.

Instinct and experience have taught primitive people these truths, which in our day are but imperfectly realized even by medical science, and denied by some who call the susceptibility of the woman of to-day and her ailments unnatural, and claim them to be altogether the result of civilization.

They claim that woman in her natural state is the physical equal of man, and constantly point to the primitive woman, female of savage people, as an example of this supposed axiom.

Do they know how well the same savage is aware of the weakness of woman and her susceptibilities at certain periods of her life? With what care he protects her from harm at these periods, so that health may be retained? The aid of religious superstition and the anger of the gods was invoked to secure this simple but effective female hygiene, to secure the much-needed rest. Rest by isolation during the periods of functional activity, up to nine days each month, up to thirty and ninety after childbirth, and up to five months at puberty.

The budding of the maid into womanhood is marked by a long period of rest and isolation, and her return to her tribe is celebrated by ceremonies of various kinds. The importance of surrounding woman with certain precautions during the height of these functional waves of her existence was appreciated by all people living in an approximately natural state, by all races at all times, and among their comparatively few religious customs, this one affording rest to women, was one of those most persistently adhered to.

This idea has been so deeply impressed that a mere touch is looked upon as contamination, and that she is accordingly obliged to desist from all the ordinary duties of life and removed from its exertions and excitements by forced isolation. Where isolation is not customary, as we find it among people approaching civilization, a certain characteristic mark or signal is worn, for the wearer a passport of safety; in East India young girls show their condition by a small piece of linen steeped in blood, which

is worn at the neck, as I have myself seen in the Nautch girls brought to this country for the purpose of exhibition; and the Woloff negress wears a bright-colored folded cloth upon the cheek.

In the same manner the necessary rest is accorded woman for the susceptibility from three to four and even five more days each month throughout functional life.

We either find that a hut is erected at some distance from the village, as among the Bedas, in Cambodia and on the Isle of Yap, one of the West Caroline islands, or that a certain house is assigned for the purpose as a place of seclusion within the village; so in New Caledonia, upon the coast of Guinea, among the Caffres, the Hottentots and the American Indians; the Hindoos, the Nayers of Malabar and others, assign to the woman in families favorably situated, a separate room in the house.

In Japan, likewise, she is confined in a separate room, not permitted to eat with the family, and forbidden even the visiting of the temple, admitting no possible excuse for leaving the house.

Work of every kind and the bath is strictly forbidden, the dangers of cold water at this time being thoroughly appreciated by all these people, whilst it is a necessary part of their religious teachings that before returning to the village and their families, after the wave has passed, a bath is taken. The laws of Moses and Zoroaster are almost identical, pointing to these great functional waves as a working of the gods.

The laws of Zoroaster necessitated a seclusion of four nights for women, and, what is remarkable, she was then forced to determine her condition by examination, and if the flow had not ceased, indicating an abnormality, additional precautions were observed. She must remain five more nights to which nine days were added, after which time she might cleanse herself and return to life.

The life of woman does not run smoothly like that of man. It is characterized by marked periodicity, by ebbs and floods, by great life waves, which are dominant in the sphere of her especial functions; waves of vascular tension and nerve excitement,

marked by a higher activity and susceptibility of her entire being, distinctly indicating that woman's periodical activity is not a local process, as we have been taught, but one involving the entire female organization, as it was held to be by the ancients, and exerting a permanent influence upon that organism of whose condition and development it is indicative. This function of woman involves the entire vascular and nervous system, and may be said to be the central exchange of that great network of wires, the vaso-motor nerves, the great sympathetic, linking it most intimately with the brain and spinal cord, so with every part of the system.

The most persistent period of nerve and vascular excitement is that of developing womanhood, and for months the system is in a period of unusual activity, and consequently the highest susceptibility, which does not cease as speedily as we see its outward tokens disappear. Then follow the cyclical changes of mature activity, varied by the highest waves of active reproduction.

The functional wave slowly rises until it reaches flood height, with an increase of nerve activity and vascular tension, accompanied by a rise of temperature, as Mary Putman Jacobi tells us, of from  $0.01^{\circ}$  to  $0.8^{\circ}$  F., and it is during the decline of this wave that the depletion takes place, when the distended vessels rupture and nature relieves herself, the temperature steadily sinking, but not reaching the normal until after the cessation of all external symptoms.

Are we to believe that a function which so deeply implicates the entire system can be so completely disregarded? That it does not demand special care—greater care than functions less general, less susceptible, less intimately connected with the organism?

Are we to believe that this function can be ignored? Are we to be guided by the dangerous arguments of those who claim that precautions are unnecessary at this period?

In considering the initial causes of disease in their effect upon woman, we must analyze not alone this one function, but we must consider the entire being of woman, that we may apply the proper

standard, and that we may not measure her capacity for labor, mental or physical, or her powers of endurance with those of men.

Women, the women of our civilization, can not be properly compared with men; she is differently organized; differences of many kinds exist, the most obvious, of course, external and anatomical. Form and shape differ; her organism is a different one; individual organs are said to be more vascular and more nervy; she is emotional, more readily exhausted, less able to bear continuous and prolonged application; more blood is produced, the circulation is more active, so also the respiration. The period of puberty is shorter and more marked, and the last stages of development are reached at an earlier period in life.

Consider her lighter frame, her nervous organization, her emotional nature; consider the constant activity of the reproductive functions, the influence of this sphere which dominates her entire being; the intimate connection of every organ, above all the spinal cord, with this reproductive center, and then, need we wonder that injury befalls this sensitive organization when exposed to the intense and continual muscle strain of our present system of education and labor, upon a basis of male vigor?

Whilst the evil is great I am happy to say that an improvement in the physique of the American girl of the better classes has become distinctly evident of late years, due to the progress of the science of hygiene, and its better understanding by the educated public, and perhaps to the introduction of sound physiological and hygienic doctrine in some of the more advanced schools, but above all to the new fad, the increased popularity of outdoor sports.

In the higher classes we mark this change, and we may thank a benign Providence for the change of fashion which has produced this result. The girl must have a good color, a healthy figure, a brisk walk to be in the swim; riding and walking, lawn-tennis and rowing, even fencing, have become fashionable, and are wonders upon the health of the American girl who can afford these luxuries, the same girl who twenty years ago drank vinegar to acquire a fashionable pallor and—an early grave.



Compare the swinging gait of the girl of to-day with the mincing walk and the Grecian bend of some years ago.

A beginning has been made, but the greatest difficulties are still to be overcome. The American girl has a just claim to the most perfect and harmonious development, mental, moral and physical, by virtue of the invigorating influence of an intermingling of race and blood, the favorable hygienic possibilities of her life, and the freedom she is given. But the average girl is not what she might be, and I repeat that this is due to our habits of life and our methods of education.

[ TO BE CONTINUED IN FEBRUARY NUMBER ]

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## EXSECTION OF THE HIP.

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BY W. B. YOUNG, M.D., OF BON AIR COAL MINES, TENN.

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Sometime ending July 1889 I was called to see Mary M., aged 13 years, who was suffering from coxalgia in the second stage. Her mother supposed that she was suffering from dislocation of the hip, as she had been told this by some former physician.

The family came from England to Pennsylvania several years ago and from Pennsylvania to this State during the summer of 1889.

The history of the case, as gathered from the mother, is about this:

When only 7 years of age while attending a public school in Pennsylvania, she was accidentally thrown from her seat upon the floor, falling on her now diseased hip, resulting in a severe bruise. A physician was called in and pronounced it a simple bruise and it would soon be over. But she continued to suffer, and during the interval, from the day on which she received the injury until I was called in, some five or six physicians had been consulted in regard to the case. Some advised exsection, others advised and gave "blood purifiers," but she continued to grow worse. When I was called in the symptoms pointed to a bladder trouble, the hip giving her very little pain.

I thought perhaps she was suffering from a stone in the bladder. She was so tormented by this trouble. frequent micturition, painful urination, etc., that I at once determined to investigate the bladder.

Assisted by Dr. W. W. Hill I placed her under ether, and made a thorough examination of the bladder and the other pelvic organs, and being unable to detect any calculus, or organic lesions of the bladder, I took advantage of the anæsthetic and examined the hip, but found no dislocation, and from the investigation on this occasion and the history of the case, we concluded that it must be a case of coxalgia.

We first attempted to relieve the bladder trouble. This we found very difficult, not being able to give permanent relief, simply mitigating her suffering. While taking certain diuretics I used various injections into the bladder, tried a permanent catheter, and, in fact, I resorted to all the best and most recent treatment recommended by the journals and "standard authorities." Failing in all these I concluded that the bladder trouble was caused by the coxalgia.

During the course of the bladder symptoms I was also giving the hip the best treatment possible under the circumstances. I gave tonics, hypophosphites, "blood purifiers," etc., using extension, but to no purpose. She continued to grow worse.

When I discovered the symptoms characteristic of the third stage of coxalgia, showing the extensive and frightful mischief that had been going on in the joint, I advised an incision, then perhaps an exsection. The family gave their consent and seemed rather anxious for surgical interference, as all other means had proved fruitless. Consequently on Dec. 21, 1889, assisted by Dr. D. R. Gist, of Sparta, we cut down upon the bone (Sayres' operation), and found that the neck and head of femur were almost "rotten," vulgarly speaking.

We at once proceeded to remove all diseased bone possible, therefore we removed the head, neck, trochanter and about one inch of the shaft of femur and scraped the acetabulum, which was also involved.

We closed the wound with a few silk sutures, put in a drainage

tube, dressed it with iodoform gauze, placed the patient on her back with the limb in a straight position, protected by bags of packed bran and awaited results. Strict antisepsis was used throughout the operation. The patient took ether well and rallied from the shock of the operation nicely.

At 10 P. M. Dec. 21, the temperature arose to  $102\frac{1}{2}^{\circ}$ , pulse corresponding. She continued to have fever for several days, but seemed to rest very well by an occasional dose of dover's powders. The wound seemed to do well until we dressed it the second time about the twelfth day, having dressed it five days previous, when we found pus, and the wound began to suppurate until her death, May 9, 1890.

My object in reporting the above case is to show the danger of procrastinating; deferring surgical interference until it is too late. This, in my opinion, was my fatal mistake.

Had this case been operated upon six months sooner, doubtless her life would have been prolonged several years. I can see no fault in the operation, and in the language of the great American surgeon, S. D. Gross, "The objection I conceive ought not to be against the operation, but against the time at which it is performed, which is often too late to afford the benefit which it would otherwise be capable of conferring."

Even at this late hour I conceive that the operation was of great benefit to the patient. The pain from the hip was almost entirely removed, the bladder trouble greatly relieved and her life doubtless prolonged. I began the operation feeling that the propriety of such interference was dictated both by science and humanity, in the hope of rescuing her from her impending fate. But when I found the acetabulum involved I then gave up all hope and expressed myself so to the family. During that time the disease made such progress as to render recovery almost impossible.

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SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald.

## ELECTROLYSIS IN URETHRAL STRICTURE.\*

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BY W. FRANK GLENN, M. D.,

*Professor Venereal Diseases, Medical Department University of Tennessee.*

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Electricity in the treatment of urethral stricture is not a failure as indicated by Dr. E. L. Keyes, neither is it the grand success as set forth by Dr. Robert Newman. In many cases it entirely fails to accomplish any good, while in very many it acts like magic.

I have seldom been able to cause the dilatation of the stricture up to any size desired, but after reaching a moderate calibre, say fifteen or eighteen, the good effect seems to cease and no amount of its use increases the calibre. The chief good derived from the application of electricity in my hands is in those close, impassable strictures, where no instrument of any size or shape can be made to pass through the obstruction. In such cases I regard the application of a mild current, from the negative pole of a galvanic battery, through a metallic electrode, as the treatment par excellence. I have never seen such a case, in which a few sittings failed to open the otherwise impervious urethra so as to admit of other treatment, thereby always avoiding external urethrotomy.

The application should always be of a mild current, with a metallic electrode and from the negative pole. It is neither a perfect success nor a failure, but has its place as a valuable aid in the treatment of urethral stricture. With its use no stricture remains impassable.

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\*Synopsis of a paper read before the Southern Surgical and Gynecological Society.

## *Selections.*

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THE EDUCATION OF THE SENSES IN MEDICINE.—It would be a wise measure if medical students had, as a part of their curriculum, systematic courses in the training of their special senses. Some people are born quick and observant, with keen eyes and ready hands; but these are in the minority. Yet every one can easily train his senses to better work, and it is of vast importance to physicians that this should be done. The eye, the sense of touch, and the muscular or co-ordinating sense especially need training. The student, after glancing over a patient, should be able at once to enumerate every point in physiognomy and physical structure. Trained newspaper reporters will enter a room, and, after a minute's inspection, can write down all the details of its arrangements. The physician's eye should make a similar report of the body of his patient.

The color of the face, skin, the eyes, the lips, the expression, the posture, the movements, the voice, the breathing, the condition of nutrition, should be taken in at a glance. Practice compels all physicians, if successful, continually to learn to do this, but training for it cannot be begun too early. The sense of touch and pressure needs especially to be cultivated. For this purpose the physician should pay attention to the care of his hands. They should be kept clean, soft, pliable, and should be much protected by gloves. The rough and dirty finger can never be a delicate organ of touch. The *tactus eruditus* can only come after long experience, but less experience will be needed if proper systematic direction is given to the effort. The pulse is an excellent thing upon which to practice. Some surgeons cultivate the use of certain fingers for certain purposes.

Thus Dr. Hachenberg (*Cincinnati Medical News*) recommends:

1. The touch with the tip and inner surface of the end of the right index-finger for the examination of hidden parts, as the os tincæ, rectum, throat, bottom of wounds, etc.

2. The inner surface of the ends of the index and middle fingers of the left hand for the examination of external parts of the body—for the fluctuations of various kinds, œdema, pulsations, to determine the character of early cutaneous eruptions, as in small-pox, etc.

The need of a highly cultivated sense of touch and pressure is very great in external examination of the abdominal walls, and in surgical, obstetrical and gynecological practice. Dr. Tait says in his work on "Methods of Diagnosis:—"

"It is perfectly impossible for me to convey, by any kind of description, how I can tell by the touch an inflamed vaginal mucous surface from one that is healthy; neither can I describe the feeling that the everted surface of the cervix gives to me which declares the condition of chronic endometritis. But I know that my educated finger-tips can make this distinction. If, on the other hand, I discover a pelvic tumor, long practice enables me to tell with most perfect certainty, and without the use of the sound, that it is a retroverted fundus or adherent tube or ovary, or by its fading away toward the broad ligament, on one aspect of the uterus or another, that it is an intra-peritoneal hæmatocele; while the peculiar resistance of a myoma conveys to my mind an accurate impression which needs no probing the uterus to substantiate. So a cyst reveals itself in a way I cannot communicate.

"Pregnancy, the rock ahead to inexperienced practitioners, can be infallibly revealed by palpation. First of all there is fluctuation, due to the liquor amnii, and it can be easily detected, and this declares the cystic nature of the mass. If the hand be made to lie gently on the parietes for a few minutes a rhythmical contraction of the uterus, by which at one time it is hard as a cricket-ball, and at another soft as a cushion, will become perfectly apparent, and this is an infinitely more certain sign than the foetal head, or the sound of the placental bruit."

The education of the ear is also imperatively required by the physician. Every one remembers how hard it was at first to hear a cardiac murmur and distinguish the different râles. The intonations of the voice, and even the fall of the foot, are things full of meaning to the physician.



The olfactory sense is perhaps least of all used in diagnosis, though it is the quickest of all the senses to detect unsanitary conditions, whether external to the body or internal. The nose insists on pure air and cleanliness, and thereby this modest organ has no doubt saved countless lives. The olfactory organs are the most delicate of all the special senses, and perhaps olfaction may in time be more systematically used in the doctor's search after pathological conditions.—*Medical Record*.

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**TREATMENT OF CHRONIC BRIGHT'S DISEASE.**—The danger in Bright's disease comes from insufficiency of the renal secretion. This insufficient depuration of the blood by the kidneys leads to uræmia, which is the true danger. It is therefore necessary to make the patient urinate freely, but on condition of not over-exerting the kidneys. It is also necessary to sustain and stimulate the forces of the patient.

The aliment should contain very little albuminoid matter in proportion to fats and hydrocarbons. For the waste from the latter substances is not eliminated by the kidneys. All the substances which in these waste products contain nitrogenous products should be partaken of as little as possible.

Meat should be ingested in very small quantities. Dark meat or high meats, being rich in albuminous waste products, should be strictly prohibited.

Milk, although rich in albuminoids, does not produce much waste material, for all its nitrogen is utilized. It is rich in fat. None of its principles appear to irritate the kidney. Moreover, it is diuretic. It, therefore, not only furnishes no material for the kidneys to eliminate, but by its diuretic power it helps to eliminate toxic principles already existing in the organism.

In the meantime most patients restricted to absolute milk diet become disgusted with it, refuse to submit to it, and later on finish by not being able to digest it any longer.

Moreover, there is an advantage in not limiting patients to milk alone; one should allow them vegetables, fresh and dried bread, farinaceous articles, all of which augment the proportions of hydro-carbons.

Again, individual predispositions must be considered in the choice of aliments. What benefits one might harm another. The products of bad digestion are rich in waste materials, which are liable to irritate the kidneys if they are eliminated completely, and which poisons the organism if their elimination is insufficient.

The albuminuria ought to be measured day by day.

Eggs, especially the whites of eggs, increase albuminuria, and ought to be excluded from the diet of those suffering from Bright's disease. The same is true of certain salt water fish.

Diuresis is produced by alkaline waters and ptisans. But cardiac lesions, so frequent in Bright's disease, render necessary the use of cardiac remedies. In the first rank of the latter comes crystalized digitalin, in doses from one to two miligrammes. It is prudent not to use this medicine two days in succession, but to interrupt it for several days, so that its elimination may be complete.

Caffeine is recommended in gramme doses, especially by way of injection. Salicylate of theobromine is less active, even in three gramme doses. Strophanthus and squill are to be rejected on account of their irritating action on the kidneys. In the case of arterio-sclerosis, iodide of potash gives good results.

Revulsives over the lumbar region are very useful, especially in the period of renal congestion. Repose in bed, well covered, is to be recommended in preference to vapor baths, which might prove dangerous. Walking is not to be advised. It is rather harmful, though in a less degree than cold and moisture.

Senator, of Berlin: I recognize the inability of medicine to combat albuminuria. Iodide of potash, though evidently without effect in parenchymatous nephritis, is perhaps very useful in the interstitial form coincident with sclerosis of the arteries, hypertrophy of the heart, etc. Here, evidently, the nephritis is secondary, and the iodide is able to cause the albuminuria to disappear, diminish the polyuria and secure prolonged remission. Semmola, Leyden and others are of this opinion. Milk is a good remedy in appropriate cases, especially in parenchymatous nephritis, where there is little thirst. It is, however, to be avoided in sclerosis with polydipsia.—*Lepine of Lyons in La France Med.*

**ARISTOL.**—We are now being enlightened, chiefly through trade circulars, about a new drug, aristol, for which are claimed antiseptic properties without untoward or poisonous effects of any sort.

The drug is a brownish, amorphous, odorless powder, resulting from the addition of a solution of iodine in iodide of potassium to an alkaline solution of thymol.

It is insoluble in water and glycerine, slightly soluble in alcohol, but very readily soluble in ether, chloroform, fatty oils, and vaseline. Solutions should be made and kept cold, and also protected from the light, as heat and light decompose both crude drug and mixtures. •

It is claimed to have a local action similar to iodoform, with the advantages over the latter that it is odorless, non-irritating, and non-toxic. It does not stain the skin or cause conjunctivitis as does chrysarobin.

It is claimed that the processes of granulation and cicatrization go on under its employment with extraordinary rapidity. Sometimes it is found a little too stimulating. Applied as a powder it is very adhesive and acts partly as a protective.

It quickly destroys fetor, but no one claims that it has the anæsthetic action of iodoform.

It produces no iodine reaction with starch, but the discharges from wounds dressed with it do affect starch, showing that such organic fluids probably do set free some iodine.

It should not be mixed with caustic alkalies, alkaline carbonates, metallic oxides, or corrosive sublimate, as they promptly decompose it.

It is employed in various ways; dry in powder (pure or diluted), where stimulant, absorbent, or protective effect is wanted; in solution in ether, or collodion chloroform; in oil or ointment.

It is claimed to be curative in many skin diseases, particularly the various mycoses. Space only allows a simple enumeration of the various affections claimed to be benefited or cured by it.

Psoriasis, lupus, various forms of eczema, ringworm, scabies, sycosis, scrofuloderma, condylomata, intertrigo, erysipelas, bromide eruption, and chromophytosis.

Varicose ulcers, ulcers of tertiary and congenital syphilis, gangrene of skin, specific bubo, mucous patches, epitheliomata, and hard chancres.

Chronic urethritis of prostitutes, chronic urethritis (prostatic) in the male, erosions and ulcerations of the cervix, endometritis, and metritis.

Pharyngitis, laryngitis, rhinitis, ozæna, subacute and chronic otitis media, chronic conjunctivitis, etc., etc.

While some claim good effects from its use in soft chancre, most authorities deny altogether its usefulness in that affection.

No one claims it as curative in gonorrhœa, and it has been experimentally shown to have no germicidal effect on the gonococcus.—*Med. Analectio.*

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A NON-POISONOUS NON-IRRITANT DRESSING.—Francis T. Henson and Charles T. Tichborne in a preliminary communication, before the recent meeting of the British Medical Association, reported in the *British Medical Journal* of Nov. 8th, give the results of their experiments with sulphite of zinc dressing—covering a broad field of capital and minor operations. The results obtained were better than under any other form of dressing. The list of operations in which this dressing was employed comprises amputations of the breast, excisions of knee-joint, radical cure of inguinal hernia, psoas abscess, parotid tumor, arthrectomy, ovariectomy, nephro-lithotomy, removal of false cartilages from the knee joint, etc.

Wounds dressed with the sulphate of zinc gauze pursue a perfectly aseptic course; and in none of the cases was there the slightest irritation from the dressing; even where the discharges from the wound were very abundant. “When sulphite of sodium is mixed with sulphite of zinc, the sulphite of zinc is very slowly formed, but is ultimately all deposited, owing to the insoluble nature of the new formed salt. This phenomenon adapts it naturally and with ease to the permanent saturation of any fabric, as gauze or lint, and without the intervention of an adhesive material such as starch.”

This gauze is prepared as follows: “First boil the gauze in

water to thoroughly wash and sterilize it; then upon this gauze is poured a boiling solution of zinc sulphate and sodium sulphite in equivalent to proportions" (i. e., "six parts of zinc sulphate to five and a quarter parts of sodium sulphite in solution"; when thoroughly mixed and saturated the whole is allowed to stand twelve hours. The zinc sulphite is deposited in and around the fibers of the fabric in microscopic crystals, but soft and even unctious to the feel." To remove all sodium sulphate which may remain, the gauze is passed twice under the rollers submerged in water.

The value of this dressing as an antiseptic consists in its slow oxidization, thus destroying germs. It has the additional advantage of the zinc base, "which is shown by the efficacy of the zinc salts in embalming the dead, and rendering the tissue an inert and unchanging mass."

We hope the new dressing will prove a decided acquisition to the surgical armamentarium, free from the irritating properties of plain bichloride and alem-broth dressing.—*Atlanta Med. and Surg. Journal*.

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THE RELATION OF CHOREA TO RHEUMATISM AND HEART DISEASE.—The relation of chorea to rheumatism and heart disease has always been a subject on which very divergent views have been entertained. The great frequency with which endocarditis is found in fatal chorea makes the theory originally advanced by Kirkes, that the disease is caused by emboli blocking the arterioles of the motor centres, at first sight a very plausible one. That this is the explanation of the mode of origin of a few cases of chorea is probable, but it certainly cannot be the cause of the great majority of cases, for we find that chorea generally is without any previous endocardial inflammation.

A recent writer (P. Meyer in the *Berliner Klin. Wochens.*) gives an account of 121 cases of chorea treated in Henoch's klinik during the past five years. In 9 per cent. of the 121 cases there was a history of rheumatic symptoms, and in 10 per cent. heart disease without any rheumatic symptoms was made out. In 2 per cent. of the cases both heart disease and rheuma-

tism were present. From these statistics Meyer concludes that chorea is merely a symptom which can be induced by the most varied causes. This, however, is only a partial representation of this subject. Any hypothesis which does not take into consideration the functional predisposition to chorea cannot be accepted as adequate to explain its nature. This functional predisposition is necessarily always present. It essentially consists in the want of a due stability in certain motor areas. It is the element in chorea that is inherited, and without which the disease cannot be brought about. It is true that it is possible to have an acquired instability of certain cortical areas, as the result of many diverse injurious influences.

Given this instability of the motor cortex, the causes that may induce choreic movements are very various. In one case it may be simple emotion, in another an internal or external poisonous agent. In the latter class we include the poison of rheumatism. This poison, then, induces not only this disease, but the chorea and endocarditis. There are no grounds for entertaining the opinion sometimes expressed that chorea causes endocarditis. When the three diseases appear in the one case, it is more than probable that they are induced by some poison, either the rheumatic or allied poison, and in such cases the proper treatment of the rheumatic state.—*Montreal Medical Journal*.

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**SOME CONSIDERATIONS CONCERNING SYPHILIS AND MARRIAGE.**—Before a syphilitic can be considered a suitable candidate for marriage—

The disease must have passed the period which comprises the usual secondary symptoms.

There must have been a well-marked period of entire freedom from symptoms.

The patient must have submitted to thorough treatment.

In discussing the danger in marriage, it must be said that a man may be considered to cease to be *directly* dangerous to his wife, while he is still in a condition to transmit the disease to children; so that he may live in safety with a wife so long as are no children.

My own opinion may be expressed as follows: In the very mildest cases two years is long enough to wait. The man has by that time ceased to be a source of direct danger to his wife; but even in those cases, I should prefer not to sanction the birth of children. For the severer cases a longer time ought to elapse. Possibly some of the worst cases ought not marry at all. Treatment ought to have been thorough to sanction an early marriage. The medical adviser must be very slow to give more positive assurance of safety than the nature of the disease will permit. The actual responsibility of acting must rest with the interested party.—*A. Post, M. D. in Boston Med. and Sur. Jour.*, Dec. 19, 1890.

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**TREATMENT OF HIP DISEASE.**—In the second stage it is advised to make subcutaneous division of the capsule as follows: A small incision is made into the skin over and posterior to the trochanter major; with a strong probe or a dull grooved director I explore my way, separating the tissues down to the capsule; a small knife with a long neck, such as a tenotome, is then inserted alongside of the director down into the capsule, separating it freely; the fluid escapes into the surrounding tissue and is then absorbed. There is very little hemorrhage. The patient then enjoys rests. The parts are put in complete fixation with a pair of wire-breeches, or similar apparatus that will answer the purpose. Nature, assisted by hygienic treatment, completes the work; the patient recovers in two or three months. According to my experience, nothing can be accomplished with the so-called extension and counter-extension.—*E. Borck, M. D. in Kansas City Med. Index*, Sept. 1890.

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**THE NATURE OF KOCH'S "REMEDY."**—While it is perhaps idle, we cannot refrain from speculating a little as to the nature of the substance used by Koch. When his paper was read before the Congress it was supposed that it was in the nature of a minimized virus, a kind of inoculation like that of PASTEUR. This idea came from confounding the researches of GOUCHER and MARTIN who published their papers shortly after his. A

careful reading of KOCH's communication would at once dispel this, as he speaks of it as a remedy or substance, in much the same terms as one would speak of a drug. Since the second paper, some salt of gold has been thought to be the curative agent. We doubt, however, if it belongs to any of these classes, as no known chemical substance or drug will produce the stormy febrile movement, with the exception of those that are formed as a result of bacterial growth. It will be remembered that we referred editorially, some weeks ago, to a substance obtained from beer yeast that produced a quick, sharp, febrile movement, (the malaise, pains, etc., caused by Koch's injections are but post febrile phenomena). Another substance termed "tox albumen" has been obtained by the cultivation of the Klebs Loeffler bacillus. Not only are these products raised by the nature of the bacillus but also by the soil in which they grow and other conditions. We venture prediction that the "remedy" belongs to those substances produced by the action of bacterial growth.—*Journal American Medical Association.*

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VEGETATIONS OF THE GENITAL ORGANS.—The following is given by the French correspondent of the *Med. Press and Circular* :

Acidi salicylic.....3i,  
Acidi acetic.....3j.

Touch the excrescences with this liquid morning and evening with a fine brush. In two or three days they disappear.

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AN OPIUM PILL FOR DYSENTERY.—Dr. N. M. Geer uses the following formula (*N. Y. Med. Jour.*) :

R Pulv. opii.....gr. xx.  
Pulv. resinæ.....gr. xxx.  
Pulv. acaciæ.....gr. xx.  
Aque.....q. s.

M., fiat massa in pilulas No. xxv dividenda. Sig.: One pill every four hours until relief is obtained.

Dr. Geer says that he uses this pill with great success in obstinate cases of dysentery, and that the resin prevents the pill from dissolving before it has been carried low in the intestine. Old opium pills, that had become difficult of solution, are used by some practitioners with the same idea in view.—*St. Louis Med. and Surg. Journal.*



**BORACIC ACID WITH MASSAGE IN DISEASES OF THE CONJUNCTIVA.**—Dr. W. M. Beaumont recommends rubbing the conjunctiva with finely powdered boracic acid in granular and follicular conjunctivitis. He everts the upper lid in the usual way, and sprinkling the exposed conjunctiva thickly with the powder he rubs it into it for five or ten seconds with the end of the index finger. The acid then remaining may be washed away with a soft brush dipped into "lead lotion," or if there is not much discomfort it is allowed to remain. The lower lid is then treated in the same way. At first the applications are somewhat painful, but afterwards less so. Pain may be prevented by using cocaine beforehand. The treatment may be repeated every day, or every two days. After two or three applications the conjunctiva presents a healthy reaction.—*Lancet*.

**EUCALYPTUS IN CATARRH OF THE RESPIRATORY TRACT AND OBSTINATE COUGH IN CHILDREN.**—In acute cases my usual custom is to administer it in connection with ammonium salts; in subacute cases a little paregoric may be advantageously added. In the obstinate irritable coughs following inflammatory affections which have apparently subsided, the fluid extract of eucalyptus is best given without other drug, in syrups of tolu and acacia or in an emulsion of oil. The dose is about five drops for a child of two years. The following are specimen formulæ:

℞ Ammonium carbonate, ..... gr. viii–xvi;  
 Ammonium chloride, ..... gr. xxii–xlvi;  
 Fluid extract of eucalyptus, ..... f℥i ss;  
 Syrup of acacia, .....  
 Syrup of tolu, ..... aa ℥ ss;  
 Water, ad ..... f℥ii.

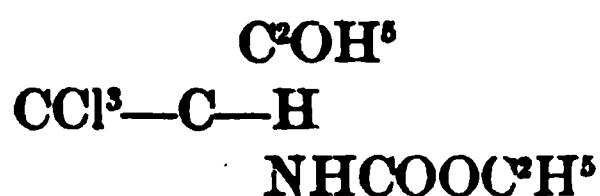
Sig.—For a child two years of age with acute bronchial or laryngotracheal catarrh, one fluidrachm in milk or water every two, three, or four hours.

℞ Aromatic spt. of ammonia, .....  
 Camph. tinct. of opium, ..... aa f℥ii;  
 Fluid extract of eucalyptus, ..... f℥i ss;  
 Syrup of acacia, .....  
 Syrup of wild cherry, ..... aa f℥ ss,  
 Water, ad ..... f℥ii. M.

Sig.—For a child with subacute bronchial catarrh, one fluidrachm in water every two, three, or four hours.

—S. Solis-Cohen, in *Phila. Med. News*.

NOTES UPON SOMNAL, THE NEW HYPNOTIC.—Last fall Radlauer,\* of Berlin, brought to the notice of the medical profession a new compound to which he gave the name of Somnal, in acknowledgment of the remarkable hypnotic properties which it appeared to possess. It was formed by the union of chloral, alcohol, and urethane, according to the original notice,† but is not a simple mixture of these bodies. It differs from chloral-urethane by the addition of  $C^2H^4$ , its formula being  $C^7H^{12}Cl^3O^3N$ . The method of manufacture is by direct combination of chloral alcoholate and urethane in a vacuum apparatus, according to its discoverer, who states‡ that its composition might be graphically represented thus :



Specimens of this new hypnotic having, through the courtesy of Messrs. Eisner & Mendelson Co., been placed in my hands for examination and trial, I will here very briefly communicate some of the results thus far obtained, reserving my final judgment upon the drug until experience has been more extended.

*Physical Characters.*—Somnal is a colorless liquid, resembling chloroform in its appearance and behavior when added to cold water, in which it forms globules and refuses to mix or dissolve. When shaken with water, the mixture is milky but quickly separates. It is soluble in hot water and alcoholic solutions, and dissolves resinous substances and fats. The odor is faint, not very penetrating or disagreeable, and resembles that of the spirits of nitrous ether, or recrystallized chloral. The taste is very pungent; and for administration it needs free dilution. It may be given with whiskey or solution of tincture of zingiber or syrup of licorice. Somnal is inflammable, burning with an alcoholic flame; it does not evaporate quickly, and leaves a greasy stain upon blotting paper. Specific gravity greater than water; reddens litmus paper slightly.

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\*Zeitschrift des Apothekers-Vereins, Nov., 1889.

†Journal de Medicine, Oct. 20, 1889.

‡Pharmaceutical Journal and Transactions, Nov., 1889.

*Physiological Effects.*—In its action it resembles chloral in quickness of effect and naturalness of the sleep produced. No marked depressing influence was exerted upon the pulse or respiration rate, though it was noticed that the breathing became slower and the pulse slower and fuller as in natural repose. No disagreeable after-effects. The head was clear and the stomach was unaffected; the patients generally had an appetite for breakfast. No constipating effect. The kidneys acted rather more freely than usual. My colleague, Dr. Ernest Laplace, to whom I gave some of the drug for trial at the Philadelphia Hospital, writes as follows:

“I have given somnal a fair trial upon six patients at the Philadelphia Hospital. In no case were the patients told what was given them, so outside of the bare possibility of the patients' falling asleep through natural causes, somnolence was brought on by the drug. It was administered in a solution of tinct. zingiberis, in half-teaspoonful doses, was found palatable.

“Administered at 4 P. M., at a moment when patients were not generally asleep, in four cases sleep came on within half an hour, which lasted from five to eight hours; the two other cases showed no effect from the drug. It is their habit to get at least gr.  $\frac{1}{4}$  of morphine sulph. to put them asleep every night, as they are sufferers from intractable malignant growth.

“In no case was there any noticeable after-effect.

“I have not formed any opinion upon the length of time that the drug could be used daily upon the same patient.

“To this I might add that no depression of the normal temperature was noticed in any case in my hands, and thus far I have not used it in pyrexia.”

*Therapeutic Application.*—The effects of somnal in producing natural sleep suggested its use in insomnia. The first case in which I used it was in a patient suffering with acute alcoholism, who had been under treatment for a fortnight in an institution where he had a free supply of liquor, and he came out rather worse than he went in. He was 39 years of age, very tremulous, and could not sleep, or if he dozed off would immediately waken up. I gave him, at about 3 P. M., thirty minims of somnal (or rather a drachm of a mixture of equal parts of somnal

and whiskey), well diluted, and went into an adjoining room to speak to an attendant. Upon my return I was surprised to find him fast asleep, although I had not been away from him more than fifteen minutes. He slept for four hours, and then was able to take something to eat. At ten o'clock he had another dose and he slept until seven the next morning, having waked up once only during the night and insisted upon having another dose, and immediately after taking it he fell asleep again. The next night he was given a double dose at 10 P. M., and he slept all night without wakening. No bad effects were observed. The somnal was given for four nights, when he was so nearly well that it was suspended, as he had had good natural sleep at night and seemed quite restored. Alcohol was positively prohibited, the only substitute allowed being Elixir of Coca and Camellia (P. D. & Co.), in tablespoonful doses, in which it is true there was a small amount of alcohol, which was quite infinitesimal when compared with what he had been using. Somnal, therefore, acts well as a hypnotic in acute alcoholism as a tranquillizer and hypnotic.

In a case of neuralgia of the bowels (visceral neurosis of Allbutt), where the patient had a sleepless night, a dose of twenty minims relieved nausea and pain, and the patient fell asleep.

In syphilitic headache and insomnia, somnal in moderate doses failed to produce sleep, which was afterwards secured by potassium bromide and iodide, and antipyrine.

In cases of insomnia, fretfulness, and restlessness in young children, somnal with mint water and syrup offers better results than opiates, and is much safer. The same remark probably applies to the use of somnal in acute pneumonia, but I have not been able to confirm this yet by actual trial.

Without further going into detail it may be stated in conclusion that somnal acts as a hypnotic, but instead of depressing the system as chloral does, it slightly stimulates the gastric mucous membrane, relieves nausea and pain, improves the appetite, increases secretion (probably), does not cause constipation. The circulation, respiration, and temperature are not notably depressed after its administration. No disagreeable after-effects have

been observed. As it is rapidly eliminated from the body it may be administered each night for a number of days without any obvious ill-effects. It acts very much like chloral, but is more pleasant to take and not so depressing in its effects upon the nervous system and the circulation.—*Frank Woodbury, A. M., M. D., in Dietetic Gazette.*

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**DIAGNOSIS OF ABSCESS OF THE LIVER.**—According to Pel, many cases of this affection are not diagnosed during life, but are falsely pronounced malaria. He observed twenty-four cases of hepatic abscess, thirteen of which were of non-tropical origin, and introduces the following conclusions: (1) The diagnosis of hepatic abscess is based on (a) objective, (b) subjective symptoms, and (c) on the etiology of the affection. The objective symptoms are: Chronic hectic fever and enlargement of the liver (a never-failing symptom of abscess of this organ). The increase in volume is distinguished (a) by enlargement of the right lobe upwards; (b) dislocation of the convex boundary of the liver and lungs; (c) limited, active and passive mobility of the liver-lung boundary. (3) The prominent subjective symptoms are: Pain in the hepatic region radiating toward the right shoulder, physical depression, anorexia, insomnia and emaciation. (4) Of importance in diagnosis is the etiology, viz: Residence in the tropics, tropical dysentery, gall stones, typhoid fever, echinococci, traumatism, etc.; although in many cases the etiology of the non-tropical forms is unknown.—*Wiener med. Presse.*

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**BROMINE AS A DISINFECTANT.**—Bromine as a disinfectant is said to be coming to the front. It is an inexpensive by-product of the manufacture of salt, selling at seventy cents a pound, and in solutions containing one part in weight to about eight hundred of water, it may be used freely without affecting anything which it may touch. A few gallons used daily will remove all ammoniacal odors from stables, or a few quarts will thoroughly deodorize the entire plumbing system of an ordinary house. The undiluted bromine is strongly corrosive, and if it touches the skin causes a painful burn.—*The Pacific Record.*

**MR. HUTCHINSON'S TREATMENT OF RINGWORM.**—Mr. Jonathan Hutchinson gives, in his *Archives of Surgery*, the prescription upon which he has "settled down in tolerable content" for the treatment of ringworm, after having tried a great variety of remedies without equal satisfaction. He relies chiefly on chrysophanic acid. He orders as a wash for the scalp one drachm of Wright's Liquor carbonis detergens to the pint of hot water. Twice a week the scalp should be well washed with this and all scales and crusts removed. The hair is cut close or shaved. The chrysophanic-acid ointment contains a drachm of chrysophanic acid, twenty grains of ammoniated mercury, a drachm of lanoline, six drachms of benzoated lard, and ten minims of liquor carbonis detergens. This ointment is to be rubbed in more or less freely, according to its effects, night and morning, or latterly every night only.—*New York Medical Journal*.

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**THE REMOVAL OF MOLES.**—Moles on the face are now being successfully treated by the use of sodium ethylate. The mole is painted with the sodium ethylate, a fine glass rod being used. When the mole has a varnished look, the ethylate is gently rubbed in with the glass rod to make it penetrate more deeply. The mole turns nearly black, and a hard crust forms over it, which is nearly three weeks in becoming detached. When it comes off, the mole is much lighter than before, and this treatment can be continued until the mark is scarcely noticeable.—*Buffalo Medical and Surgical Journal*.

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**PUNCTURE AND COLLODION IN HYDORCELE.**—For the treatment of hydrocele Leroy recommends that one-third or one-fourth of the fluid be withdrawn by means of an aspirator, after which the whole scrotum is painted with a thick layer of collodion, which is to be renewed every twenty-four hours. A cure results in from twelve to fifteen days. M. Broquet also has employed this treatment with success in three cases.—*Weekly Medical Review*.

CREASOTE IN DIABETES.—The *Lancet* says, two cases of diabetes have been treated with excellent results by Valentini, by means of creasote administered internally. In one case, four drops per diem were given at first, this quantity being afterwards increased to ten drops. Under this treatment the sugar disappeared and did not reappear when the patient began to eat starchy food. The other patient was given six drops per day, and did equally well.

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## *Reviews and Book Notices*

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A TREATISE ON THE DISEASE OF INFANCY AND CHILDHOOD. By J. LEWIS SMITH, M. D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, New York, etc., etc. Seventh edition, thoroughly revised. In one octavo volume of 881 pages, with 51 illus. Cloth, \$4.50; leather, \$5.50. Philadelphia, Lea Brothers & Co., 1890.

Smith's Diseases of Children has been so thoroughly accepted as a standard authority, that we do not feel the necessity of making any extended review, but in order to show the advantages and improvement content ourselves with publishing the following from the preface to the seventh edition. "Since the issue of the Sixth Edition of this treatise in 1886, so many additional facts have come to light relating to the etiology, nature and treatment of the diseases of children that the necessary revision has produced virtually a new book. In the amount of information presented, the work may properly be considered to have doubled in size, but this real growth has been accommodated without rendering the volume inconveniently large. The author has been careful in rewriting to exclude all obsolete material, and to condense the text to the limits of clearness. Among the diseases treated of in this and not in the former editions we may mention Conjunctivitis, Icterus Sepsis, Umbilical Diseases, Hæmatemesis, Melæna, Sclerema, Oedema, and Pemphigus of the newborn; Epilepsy, Tetany, Appendicitis, Typhlitis, and Perityphlitis. The paper on Intubation, by Dr. Joseph O'Dwyer, will

be found interesting and instructive to those who perform this operation, as well as to those who wish to learn how to do it.

In order to make the book in the highest degree useful to the practitioner, prevalent and fatal diseases have been described at considerable length, and special attention has been bestowed upon the treatment. Modes of treatment employed by physicians of world-wide reputation are in many instances related, and cases are detailed showing the effects of remedies. Recent investigations and discoveries relating to the bacterial origin of the local as well as the constitutional diseases of early life have necessitated many changes in the text, and it is believed that all the important facts relating to the diseases treated of, brought to light by recent researches, are set forth in the proper chapters.

**DISEASES OF THE EYE.** By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon to St. 'Thomas' Hospital; Surgeon to the Royal London (Moorfields) Hospital, etc. Fourth American from the Fifth English Edition. With a Supplement on Examination for Color Perception. By William Thompson, M. D., Professor of Ophthalmology in the Jefferson Medical College of Philadelphia. Duodecimo, 500 pages, with 164 engravings, test-types, formulæ and color-blindness test. Cloth, \$2.00. Philadelphia, Lea Brothers & Co., 1890.

Having had occasion in previous numbers of this Journal to call the attention of our readers to the excellence of the preceding editions of this work, we are gratified to state that this volume will merit in increased degree the confidence awarded its author previously.

The general work of revision and correction has been carried out for the author by Mr. Holmes Spicer of London, supplemented in America by Dr. Wm. Thompson of the Univ. of Pa., who has added a supplemental chapter of no small value, relating to the detection of color blindness.

The bulk of the volume has been but little increased, though great pains have been taken to introduce such new matter as the progressive ophthalmology demanded; this being accomplished by leaving out that which was immaterial and obsolete.



**ESSENTIALS OF PRACTICE OF MEDICINE.** (Saunders's Question Compend). Prepared especially for Students of Medicine, by HENRY MORRIS, M. D., Late Demonstrator of Jefferson Med. College; Visiting Physician to St. Joseph Hospital, etc., with an appendix on the Examination of Urine, by Laurence Wolff, M. D., Demonstrator of Chemistry, Jefferson Med. College, 12mo. Cloth, pp. 434. W. B. Saunders, Publisher, 913 Walnut St. Philadelphia, 1890.

The little work is not intended to, nor can it replace the larger text books in general use, but it will serve as a material *aid* to the advanced student in preparing for his degree, or to the young practitioner in diagnosing affections or selecting the proper remedy.

Its language is concise but clear, and at the present time when the student is forced by the rapid progress of medical science to imbibe an amount of knowledge which is far too great to permit of any attempt on his part to master it, a book which contains the "essentials" of a science in a concise yet readable form must of necessity be of value.

**SANDER'S POCKET MEDICAL LEXICON**, collated from the Highest authorities and brought up to present date, by John M. Keating, M. D., (Univ. of Pa.) 16. mo. cloth. W. B. Sander's 913 Walnut St., Philadelphia, Pa., Publisher, 1890. Price 75cts.

A very good little work for the Medical Student to have at all times in his pocket, for use when it may be inconvenient to consult more comprehensive dictionaries.

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS**, consisting of original treatises and reproductions in English of books and monographs selected from the latest literature of foreign countries, with all illustrations. 8 vo. leatherette, pp. 253. Published monthly. Vol. VIII., No. 1. October, 1890. Price \$10.00 per annum, single copies \$1.00. Wm. Wood & Co., 56 and 58 LaFayette Place, New York, 1890.

The October number of this valuable serial contains the following articles :

“Suppuration and Septic Diseases”, by W. Watson Cheyne, M. B.; “Pharmacopœia for Diseases of the Skin,” by James Startin, ; “The Nasal Neuroses,” by Granville Macdonald, M. D.; “Artificial Respiration,” by Benj. W. Richardson, M. D.; “The Newborn Infant: Its Physiology, Hygiene, and Nourishment,” by Dr. A. Auvar. ; “The Urine in Neurotic Diseases,” by, Dr. Alexander Peyer.

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## *Editorial.*

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### ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

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HELD AT CHARLESTON, S. C., DEC., 16th, 17th, 18th and 19th, 1890.

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The meeting was called to order at 10 A. M., Dec. 16th, in Hibernia Hall by Dr. H. B. Baker of Michigan, President, about fifty members and delegates being present. Dr. Horlbeck delivered a brief address of welcome.

The Secretary, Dr. Irving A. Watson who had been instructed to correspond with the authorities of Mexico, with a view of having that country co-operate with the Association, reported that the correspondence had been effectual; and that several delegates from Mexico were present.

The first paper was “the Federal District in the Republic of Mexico as a suitable residence for persons predisposed to tuberculosis affections and for the relief of pulmonary consumption, by Dr. Domingo Ozvananos, member of the superior board of health of Mexico.” The paper graphically presented the claims of this district and gave some valuable statistics and information.

“The prevention of tuberculosis; a century’s supervision in Italy under the influence of the preventive laws of the Kingdom of Naples enacted in 1782,” by L. F. Flick, M. D., of Philadelphia. member Pennsylvania State Board of Health was the next paper read. It showed a most careful investigation of the history of tuberculosis and gave some sound advice upon the necessity for cleanliness and keeping away from places in which consumption was as common as at Nice at certain seasons.

The next paper, on ventilation and impure air, as prophylactic or causative of disease, by P. C. Remondino, M. D., President State Board of Health, San Diego, Cal. was read by title and will be published in full with the regular proceedings. The paper is a very long one and full of valuable statistics.

The last paper of the morning session was read by Dr. B. F. Wyman, of Aiken, on the "Prevention of Phthisis." Although a short paper it was an excellent one, and incidentally showed the great advantage of Aiken as a health resort of unquestioned importance. The claims of Aiken were practically presented by one who has had fourteen years of experience in the treatment of consumptives at Aiken.

Dr. Baker, President, announced that the Association was ready to hear discussion upon any of the subjects read.

Dr. Gihon, of the United States Navy, said that something ought to be done to prevent the general expectoration of consumption on cars, vessels and elsewhere. He hoped that if nothing else was done a committee would be appointed to take the matter in hand. The promiscuous and liberal expectorations of those affected with tuberculosis ought to be regulated in some way. He remarked that the real object of the Association is to look after the prevention of the disease, and not so much at its cure. He related his very objectionable experience on a New York steamer where he was thrown in contact with about forty tubercular patients. The patients insisted upon having the saloons closed, and had little regard for their sputa.

Dr. Plunkett, of Tennessee, asked whether a circular had not already been published looking towards the prevention of the spread of the disease.

Dr. Flick, of Pennsylvania: "Yes. Pennsylvania has published a circular of this kind"

By request, Dr. Kemp, of Brooklyn, an expert bacteriologist, said about the spread of bacilli, that "the bacilli of tuberculosis were tenacious of life in their dry state. That his own experience showed this and that he called the disinfecting of the sputa the keynote of the situation."

Dr. Byrce, of Ontario, said that there were conditions which made health resorts favorable for some and bad for others of delicate constitutions, and that this fact should be regarded by physicians. He recommended sanitary precautions at boarding houses and health resorts.

Dr. Rohe, of Maryland, said that if the proper precautions were not taken at health resorts, the doctors need not recommend them to their patients.

Dr. Johnson, of Chicago, said that the bacilli were always present, and that there were certain places at which they did not act as in other regions. He advised the sending of patients of tuberculosis to cold and open regions, where the bacilli cannot live. Crowded cities were the worst places for consumptives, and that they should always be made to leave cities.

Dr. Beverly thought that the great mistake of patients was not to take a permanent residence at some health resort.

Dr. Raines thought there was a great danger of spitting on sidewalks. This pernicious habit was a great aid to the spread of this disease.

Dr. Vanderburg, of Buffalo, said offices and banks ought to be looked after, and some system of ventilation and cleansing be adopted.

Resolved, That a standing committee of five members be appointed by the President to formulate practical prophylactic measures for the prevention of the spread of tuberculosis, especially looking to the protection of the healthy members from tuberculosis infection.

Dr. Ames, of the United States Navy, related how the people of Japan got rid of their sputa by carrying sheets of paper in their sleeves, which they used as handkerchiefs. They were afterwards destroyed. He also gave other observations of the effects of elevation on consumptives.

Dr. Flick, of Pennsylvania thought that it was an erroneous idea to suppose that the bacilli of tuberculosis existed everywhere. The real purpose should be to get at the real home of the bacilli. The homes of the poor ought to be considered. By preventing exposure to the disease excellent results could be secured.

Dr. Wyman, of Aiken, said that the physicians of Aiken, had all drilled into the boarding house and hotel people the necessity of destroying the sputa. There is a certain instinct of consumptives to hide their sputa. In Aiken our washerwomen are liable to the disease to a remarkable extent. I have thought it due to the handkerchiefs in which the patients spit. In our resorts the people are very particular about the sputa.

Dr. Wyland of the United States Navy, said: "I think something

ought to be done to keep out emigrants who have any pulmonary troubles. Such people ought to be kept out of the country.

After further discussion the Association adjourned to meet again at 4 o'clock.

#### AFTERNOON SESSION.

The Association met promptly at 4 P. M. The first paper read was that of Prof. Jose L. Gomez, of the superior Board of Health, of Mexico. The subject was "Swine Disease in Mexico." The paper was read by Dr. Gihon of the United States Navy. It was a very elaborate and carefully prepared statement of the results of many specific and general investigations in the hog raising sections.

Dr. Hubbard, of Indiana, asked if swine red disease is the same as our hog cholera.

Prof. Gomez replied thought it was.

The "Turkish Bath" was the subject of a paper by Dr. Chas H. Shepard, of New York, which was in his absence read by Dr. Bailey of Kentucky. The writer placed considerable stress on its disinfectant properties, and gave an array of important facts in which its sanitary effects are shown. The saving the life of a man who had sun-stroke was cited.

Dr. F. P. Venable, of the University of North Carolina, yet a comparatively young man, by his paper on "Chemical Disinfection" showed that he had made many valuable and important examinations, and that he was a careful student of this most important question. He thought that it would be well for State Boards, of Health to publish lists of disinfectants which could be recommended. The paper caused more discussion than any thus far read.

Dr. Ashmun, of Ohio, said that this paper proves the necessity of the study of this question of disinfection. It also shows the intimate connection between bacteriology and chemistry.

Dr. Venable, of North Carolina, agreed that it would be a most excellent idea to have the disinfectants brought together, i. e., bacteriology and chemistry.

Dr. Hibberd, of Indiana, remarked that in his own town the health officer is using a vigorous system of disinfecting against diphtheria.

Dr. Venable, of North Carolina: "Wherever the corrosive sublimate can be avoided, I think it would be well to do so."

Dr. Flick: "I have frequently used corrosive sublimate on myself as a disinfectant, and I have never experienced any trouble."

Dr. Ames, of the United States Navy: "I have used corrosive sublimate in disinfecting clothing of men on board of a vessel after an epidemic of smallpox without any bad effects."

Dr. Raymond, of Brooklyn: "The Association has already published its report, and we can there find the information in an available shape."

Dr. Rohe, of Baltimore: "I have been in charge of a hospital in Baltimore where we use for all the bed clothing bichloride of mercury. Every week the rooms are scrubbed with this solution. No one has ever yet suffered from this process."

Dr. Clark, of Buffalo: "When smallpox was an epidemic, we used bichloride of mercury very freely without any evil results."

Dr. Durgin, of Boston: "We are using the solution freely in our hospitals. We have been doing this for about five years, and I have never yet heard of any evil results. As to the chloride of lime, we have used that freely. For smallpox, we have had fumigation by sulphur."

Dr. Perkins, of New York: "I sympathize with Dr. Venable in his paper, and agree that we have much to fear from the lavish use of these special disinfectants."

Dr. Chapin, of Massachusetts: "If there is any danger from mercurial disinfectants, it is, I think, from continued living in a room filled with this disinfectant."

Dr. Wilson, of Connecticut: "I acknowledge a still lingering suspicion that mercurial disinfectants could be used to excess. I would I think, use it with care."

Dr. Lewis, of Kansas City: "Our Board of Health has refused us the right to use bichloride of mercury for general disinfection."

Dr. Gihon, of the United States Navy: "I begin to despair. I would move that a new edition of the report of the committee on disinfection be republished."

Dr. Robinson, of Maine: "The whole ground has already been covered. The report of the committee has been accepted by the country and is now in general use."

Dr. Bailey, of Kentucky, did not think that there was sufficient additional information to warrant any expenditure at this time."

Dr. Lindsley of New Haven, thought it advisable to have some boards of health instructed in the use of disinfectants.

Dr. Daniels, of Wisconsin, asked that some instructions regarding the amount of moisture be incorporated in the resolution of Dr. Robinson. Carried.

The Association adjourned at 6:10, to meet at the Grand Opera House for the evening session.

#### EVENING SESSION.

At the evening session the following papers were read.

Paper on "Sanitary Improvement of Stagnant Lakes Near the Seashore," by Jos. H. Raymond, M. D., of Brooklyn, N. Y., illustrated with the stereopticon.

Paper on the "Treatment of Sewage by Precipitation and Saturation," by Jos. H. Raymond, M. D., of Brooklyn, N. Y. Illustrated with the stereopticon.

Paper on the "Relation of the Mechanical Arts to Preventive Medicine," particularly illustrated by the Artesian well and tidal drains of Charleston, by A. Nelson Bell, M. D., editor Sanitarian, Brooklyn, N. Y.

Paper on "Tidal Drain System of Charleston," by City Engineer L. J. Barbot, of Charleston.

#### SECOND DAY—MORNING SESSION.

The Association was called to order by the President at 9 A. M., quite a number of additional members having arrived in the city being present.

Dr. Ashmun, of Cleveland, Ohio, submitted a report on behalf of the committee appointed to study and submit a paper on the cause of prevention of diphtheria. The committee had made a careful investigation of the question, and had made careful inquiry into the origin of this terrible disease. Of the answers received by the committee, 93 per cent. indicate that diphtheria is dependent upon some specific cause.

The paper states that the opinion is that light-eyed and light-haired children are more liable to diphtheria than those of dark complexion and eyes. Cold, wet weather is the most calculated to spread the disease. In answer to the question whether domestic animals and fowls were regarded as subject to diphtheria and liable to give the contagion to children, 60 per cent. of the answers indicate that dogs, cats and fowls are subject to diphtheria, and their furs and feathers are likely to carry the virus and give the terrible disease to children who play with them. Such cases have been actually observed. The free use

of antiseptics is advised. Stations for the disinfection of diphtheria are also advised.

The paper provoked considerable discussion, and a variety of opinions was expressed.

Dr. Wyman, of Aiken, said that he had found that children of parents of weak lungs are very much more liable to diphtheria than others. He regarded the germ as being vegetable. He had found sulphur the best disinfectant. He regarded sugar cane as a possible origin for the germ. He did not regard the disease as contagious.

Dr. Rohe, of Baltimore, suggested that the other members of the committee present be asked to say something about the report.

Dr. Boyce, of Toronto, one of the most careful and deliberate talkers on the floor, said that it was very difficult and practically impossible to tell from the examination of the throat whether a patient had diphtheria. We are to look upon every case as diphtheria until the contrary is proven. Four weeks he regarded as a proper time for isolation.

Dr. Kemp, of the Hoagland Laboratory, of Brooklyn, said that it was a difficult matter to find the bacilli of diphtheria.

Dr. Cantwell, of Iowa, related an experience in which one child was known to give the disease to forty children in a hospital. He had known children of very healthy parents to catch diphtheria.

Dr. Hibberd, of Indiana, asked: "How long does the bacilli of diphtheria live?" He related a case where a mother with two children visited a neighbor's house after the diphtheria had been thought cured in the patient for a month. Soon afterwards both children died.

Dr. Kemp, of Brooklyn: I don't think any examinations have been made on how long the bacilli live in rags and dirt. They will live in media for three months. How long they may live in a house is not known, I think."

Dr. Bahnson, of North Carolina, related a case which he thought, showed that bacilli of diphtheria lived for three years in a room.

Dr. Carter, of Indiana, said that the bacilli of diphtheria might be found in the milk of cows.

Dr. Daniels, of the University of Wisconsin, doubted if the disease was ever spread by water, and would like to know whether an explanation of this could be made.

Dr. Ashmun, of Cleveland, explained that the principal trouble in the preparation of the paper was to condense all the information



submitted to the committee, and it was boiled down to a valuable set of percentages and conclusions.

Dr. Rohe, of Baltimore, moved that the resolutions of the committee looking to the establishment of stations and distribution of information to every State board of health be adopted.

The resolutions of the committee on diphtheria were adopted.

Dr. Rauch, of Chicago, introduced a resolution looking towards adding to the regular quarantine diseases, diphtheria, typhoid fever, measles and chickenpox, yellow fever and cholera. This regulation he regarded as necessary for all emigrant steamers.

Dr. Smart, of the United States Army, of the committee on pollution of water, regretted that the committee was not prepared to make a final report. A full report at this time would be impossible.

Dr. Vanderburg, of Buffalo, suggested that a biologist be placed on the committee.

Dr. Gihon, of the United States Navy, moved that the committee on the pollution of water be continued. Carried.

Dr. S. W. Abbott, of Massachusetts, read a paper on "What Constitutes a Filth Disease?" He prefaced his remarks by stating that filth disease was now regarded as a thing of the past. Rags were occasionally the medium for the transmission of small pox. The dust of some work houses may be the medium of disease. Phthisis is often communicated in this way. It is claimed that filth is often the origin of diphtheria, but the connection of filth to diphtheria is not quite so clear as it is to other diseases. He traced the history of diphtheria in a small town for eighteen months, and how its germs kept in an untenanted house for six months. Filth should be removed with intelligence. It a condition and is not a cause of disease. The paper was well received.

Geo. T. Kemp, Ph. D., of Brooklyn, N. Y., read a paper on "Some Original Observations on the Value of Microscopical, Spectroscopical and Chemical Examinations of Black Vomit as an Aid to Health Officers in Distinguishing Yellow Fever from Malarial Fever."

Dr. Kemp has made quite a number of examinations of the vomit of yellow fever patients as well as malarial subjects and presented in a concise manner the result of his investigations. He presented in tubes several samples of yellow fever bile and made some very valuable suggestions on yellow and malarial fevers.

Dr. J. Somers Buist, on behalf of the Emerson Car Company, showed the necessity of railroad hygiene. Railroad officials are

straining every nerve to secure proper ventilation of cars. The American passenger car, holding about seventy-five passengers, would require about 15,000 cubic feet of pure air. The opening of the windows is impracticable. The sleeping car, in the matter of supplying fresh air, is as defective now as it has ever been. Nearly two hundred patents have been taken out for car ventilators and none of these have been accepted as practicable. Ships are detained to make them healthy, yet railroads, with ten times the travel, have no safeguard. Dr. Buist explained at considerable length the workings of the Emerson car and what it claimed.

Dr. Daniels, of Wisconsin, said that if the Association cared to have anything to do with advancing the Emerson car, that a committee be appointed to make a report upon the car.

Dr. McCormack thought it advisable to have the entire matter of car ventilation referred to a committee.

Upon motion a standing committee on car sanitation was appointed, and Dr. Daniels, of Wisconsin, was named as chairman of the committee.

Dr. Wood, of North Carolina, introduced a resolution that the American Public Health Association co-operate with the American Medical Association in preparing statistics and a history of vaccination, and raise a fund for erecting a monument to Jenner, the discoverer of vaccination against smallpox.

#### THE EVENING SESSION.

Dr. Joseph H. Raymond, of Brooklyn, read two consecutive and connected papers, the former on "Sanitary Improvement of Stagnant Lakes Near the Seashore," and the other on "The Treatment of Sewage by Precipitation and Saturation." The two papers were intimately connected with each other and showed very clearly how thoroughly Dr. Raymond is acquainted with the vexed question of sewage.

Stereopticon illustrations were used in the reading of both papers. They graphically and concisely showed to the Association what would hardly have been so well described.

Dr. Raymond showed with his serviceable stereopticon the construction of tanks for the precipitation of sewage; the force of waves, as shown by the wrecks of walls and buildings, the construction of conduits and other matters connected with the explanation of the papers he had prepared. Dr. Raymond contributed two of the most excellent and interesting papers before the Association.

The next paper was on the "Relation of the Mechanical Arts to Preventive Medicine," particularly illustrated by the Artesian wells and tidal drains of Charleston, by A. Nelson Bell, M. D., editor of the Sanitarian, Brooklyn, N. Y. It showed a careful study of the question, and especially of the Artesian wells and tidal drains of the city. Dr. Bell gave in his paper a complete and minute history of the drains and wells of Charleston. He quoted a number of authorities upon the sanitary systems of the city.

Mr. L. J. Barbot presented a most interesting and valuable paper on the "Tidal drain system of Charleston." Mr. Barbot showed that he had the subject, which he had made a study for years, at his fingers' end, and his explanations were so complete and graphic as to be perfectly understood by all. The entire subject was treated in the paper.

The Association adjourned at 10.15 P. M.

#### THIRD DAY—MORNING SESSION.

The Association was called to order at 9-30 A. M. by the President. The following resolutions recommended by the Executive Committee, were passed:

• By Dr. Wood: That a committee of this Association be appointed to confer with a similar committee of the American Medical Association to observe in some appropriate way the centennial of the discovery of vaccination.

By Dr. Rohe: That the report of the committee, on the cause and prevention of diphtheria be printed in pamphlet form as soon as practicable, and that copies be furnished to each State board of health.

Dr. Gihon: That a standing committee of five members be appointed by the president to formulate practical prophylactic measures for the prevention of the spread of tuberculosis, especially looking to the protection of the healthy members of the community from tuberculosis infection.

The favorable report of the auditing committee upon the treasurer's report, was next adopted.

Dr. Abbott of Chicago, spoke very highly of "The Lomb Prize Essays," which are now regarded as high authority.

One of these essays was by Mr. Abel, and gave valuable and new information about the kitchen. The foods recommended in this paper and its principles were now in practice in Boston. The paper would now be of great interest to the members of the Health Association.

Dr. Walcott, of the committee on health commissioner, was not pre-

pared to submit a report. He asked that a committee be appointed to see what could be done with the present Congress towards securing the legislation desired.

The Association adopted a resolution appointing a committee on legislation.

Dr. Plunket, of Tennessee, thought that it would be advisable to appoint one representative from each State and Territory on the committee on legislation, and that better results would in that way be accomplished.

Dr. Durgin, of Boston, of the Committee on Sanitation of Foreign Ships made an excellent report. He said that :

Vaccination should be required.

Proper ventilation of emigrant vessels should be required.

Every vessel should have one credited health officer to every six hundred passengers or less.

The medical inspector should be required to inspect vessel daily and report to master.

The master should be required to answer all demands of the vessel's health officer.

The paper of Dr. Montizambert, of Quebec, next read, was a clear and practical demand for the enforcement of laws requiring vaccination of all persons coming into the country. The nation demanded such protection and he hoped that the Association would do its best to secure the necessary legislation. Smallpox, wherever found in America, had its origin on foreign vessels. It is never native born. There was absolute need for imperative laws upon vaccination and he was very sorry that America did not have any laws requiring general vaccination for all immigrants.

The report of the committee and the paper of Dr. Montizambert will be a great acquisition to the matter to be used in urging strict enforcement of quarantine laws and the passage of stricter laws.

The two papers will be published and copies sent to the members of the American and Mexican Congresses and the Canadian Parliament. Dr. Gihon, thought that some good results could be expected from such a publication and distribution.

Dr. Rohe, of Baltimore, of the committee on the causes and prevention of infant mortality, stated that there was no additional report to be made at this meeting.

President Baker announced the appointment of Health Officer Brunner, of Savannah, as the executive member from Georgia.

Dr. Plunket introduced a resolution which was intended to impress upon the quarantine officers of the country the necessity of increased vigilance against cholera, which is said to be now raging in foreign ports. Referred to the executive committee.

Dr. Lee, of Philadelphia, introduced a resolution which requested quarantine officers to be careful and, if possible, restrict the importation of rags from foreign ports. Referred to the executive committee.

Dr. Conn, of New Hampshire, submitted an elaborate report upon the disposal of garbage and refuse. The report was read by title and will be published and distributed. The work of the committee consists of an examination of the process now in use for the disposal of garbage, and the best methods for its destruction.

Dr. Lindsley, of Iowa, moved that the committee on vital statistics be continued. Carried.

Dr. Gihon, of the United States navy, who was one of the delegates to the International Convention in Berlin, submitted a brief verbal report.

The last paper read before the departure for the quarantine station at Fort Johnson was maritime sanitation at port of arrival, by H. B. Horlbeck, M. D., quarantine officer of the port of Charleston. The paper was one of the most admirable presented to the Convention. It was clear, concise and well framed, and gave to the members of the Association a full insight into the workings of the station at Fort Johnson.

#### EVENING SESSION.

The evening session was opened by the reading of the excellent paper of Dr. James F. Hibberd, of Richmond, Indiana, on the "Hygienic Value of Rational Irregularities in Habits of Living." Dr. Hibberd dealt with this important question in an extremely practical and intelligible manner.

The next essay was on the relation of land monopoly to population health, by George Homan, M. D., secretary State board of health of Missouri, St. Louis, Mo,

#### FOURTH DAY'S SESSION.

The last day's session was called to order at 9 A. M., Friday Dec. 19th.

The report of the executive committee was received, and adopted, recommending quite a number of new names for membership.

The report of the advisory board was presented and ordered published, and the election of officers was then held, with the following result:

President, Dr. Frederick Montizambert, Quebec, Canada.

First vice president, Dr. F. F. Wood, North Carolina.

Second vice president, H. B. Horlbeck, Charleston.

Secretary, Dr. I. A. Watson, Concord, N. H.

Treasurer, Dr. J. B. Lindsley, Nashville, Tenn.

Executive Committee—Dr. George Homan, St. Louis; Dr. A. W. Cantwell, Iowa; Prof. W. W. Daniels, Wisconsin; Dr. L. F. Salomon, Louisiana; Dr. Wm. Bailey, Kentucky.

Next place of meeting, Kansas City, Mo.

The reports of the standing committees were received and ordered published, and a number of papers were read by title and ordered published. The reports and discussions on the Coney Island system of drainage were ordered published in the proceedings.

In response to an inquiry from Mr. Griffith, of Chicago, Dr. Horlbeck gave a sketch of the method of drainage used in Charleston, which was heard with great attention.

After the passage of a resolution of thanks to numerous persons from whom the Association had received attentions the Association adjourned.

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## KOCH AND TUBERCULOSIS.

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The world at large and its medical annex in particular still continues to be more or less excited in regard to the wonderful results of this distinguished German Savant. The leading secular journals throughout the past month have still continued the use of their display headlines and paragraph after paragraph of the results obtained by his method of dealing with this dread pathological factor. To our many readers throughout the West and South we must still say: "*Be patient.*" A sufficient time has not yet elapsed to enable anyone to make a satisfactory and authoritative statement. That much has been accomplished is an unquestioned fact, but that the anticipations of a host of sufferers and their myriads of no less anxious friends will be fully realized is as yet an unanswered and unanswerable question.

It will take months yet, possibly one or more years to fully develop satisfactory and reliable results. So far, we know that when Koch's fluid has been injected into the bodies of persons suffering with any form of tubercular disease, it has been followed in a few hours—on the first or second day—by a peculiar reaction, febrile in character,

with a more or less marked elevation of temperature, this reaction being more or less severe in proportion to the amount of tubercular development. In persons free from tubercle this reaction has been wanting. Then we can say authoritatively that it is an important diagnostic revelation, if nothing else. Furthermore, in mild or incipient cases of tuberculosis an improvement that could be cited to no other agency has been demonstrated—as to how long this improvement may last, or how permanent it may be is as yet an unsettled question. In forms of tuberculosis affecting the external surface of the body—lupus, etc., the improvement has been so marked and demonstrable as to give sanguine anticipations in regard to effects to be produced upon other forms, this, even in the minds of some quite doubting Thomases.

From the latest intelligence received we may state, that Prof. Koch has not yet made public the exact constituents of the injecting fluid, nor its mode of preparation. Having come to this determination on account of his conservative views.

He has supplied limited quantities of the fluid, and will for some time yet limit his supply, to parties connected with public hospitals and institutions, believing it to be too dangerous in our limited knowledge of its effects, to be intrusted to any and every applicant. Preferring that it should only be used in cases that are under daily and hourly observation, by trained attendants, thus giving a better opportunity for statistical facts and incurring less danger of its abuse.

So far, it has been tried in Germany, and other parts of Continental Europe, and England, and in the populous centres of New York, Philadelphia, Washington, Boston of this continent. The results so far have been uniformly in accordance with the statements in the first part of this article; and while there are yet doubting Thomases to be found in men eminent in medical pathology on this continent and in Europe, and others of like eminence are enthusiastic in their anticipations, we prefer as yet holding with the large percentage of our profession and can conscientiously again advise our readers to be patient.

While the immortal bard of Avon has said that it well be to do quickly what thou hast to do, yet one of the most important axioms that we have learned in medicine is "Festina lente," or as Davy Crockett would say to-day as in his day: "Be sure you are right and then go ahead."

Quite a number of our correspondents have written us in the past month, requesting us to procure and forward them a supply of lymph,

necessary syringes, etc. To them and to others, we would state that when the facts are sufficiently demonstrated that Koch's fluid is all that is claimed for it, we have every reason to believe that it can and will be furnished in ample quantities to all who may need.

The following summary of a long cablegram received from Dr. Guiteras, Dec. 15th, was published in the *Journal of the American Medical Association*, of Dec. 27th.

"A greater degree of caution is being observed, especially as to the selection of cases of phthis subjected to the lymph treatment. The results in this disease at least, are as yet inconclusive. Many cases are not decidedly improved. There is some risk of complication. Both pneumonia and meningitis have been observed. The general situation may be summed up by stating that a spirit of caution prevails in Berlin to-day."

J. WILLIAMS WHITE,

JOHN H. MUSSER,

WILLIAM PEPPER,

JAMES TYSON,

*Tuberculosis Committee, University of Pennsylvania.*

And from cable dispatches received in this city on the 28th, we make the following extracts:

BERLIN, Dec. 27.—"It has been discovered that a spurious imitation of Prof. Koch's lymph is being manufactured and a number of cases have been reported in which foreign medical men have been deceived into purchasing the bogus preparation. The agents of Prof. Koch have been unable to discover the manufacturers of the counterfeit. The police are working on the case where the fraud was attempted upon Dublin physicians.

The medical profession throughout the empire gets more and more indignant over the manner in which the lymph is distributed and Prof. Koch's secrecy regarding its production. The medical associations of Brandenburg and other provinces have sent protests to the Government against the secret manufacture of the lymph, which, they say, is giving rise to scandal. The Breslau Medical Society sent to Prof. Koch and also to Dr. Von Gossler, Minister of Ecclesiastical Affairs, a resolution declaring that it works great injury to the profession at large to allow hospitals and privileged persons in private practice a monopoly of the lymph.

Prof. Koch, in an interview with an eminent physician, who urged the Professor to disclose the whole process, got very wroth at the proposal and declared that he had the right to do as he pleased with his discovery."



The last two paragraphs, indicated in certain points in the previous history of Koch's lymph, we regard as the most unfortunate features. Possibly Prof. Koch is right—he certainly has the right, to indefinitely defer a public and official statement as to its composition and manner and method of production. But until this veil is lifted, conservative men are fully justified in a reasonable skepticism.

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### THE LAMENT OF THE BACILLI.

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For ages we lived, and on mankind we preyed,  
 With none to molest us or make us afraid;  
 In decillions we throve, and quintillions were born,  
 To render our enemy, man, more forlorn;  
 Though Lilliputs we, yet our forces united  
 At last have our Brobdignag foemen affrighted,  
 And with lymph they assail us, till now, like poor Lo,  
 Or Chinese cheap labor, we're fated to "go."  
 So, trim little headstones we last week bespoke,  
 And we yield up our spirits to Pasteur and Koch!

—*Life.*

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### CONGRATULATORY.

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The initial number of 1891, finds THE SOUTHERN PRACTITIONER with a largely increased subscription list, its advertising clientele well represented, and a general condition of well-being and prosperity, for which I desire to sincerely thank all those who have aided and encouraged by word or deed. THE SOUTHERN PRACTITIONER holds a special place as a low-priced monthly periodical devoted to Medicine, in which the standard is always kept up to the highest, and the effort always to excel is at no time lost sight of. It has endeavored to present to its many readers each month the latest practical ideas and developments in its special field of science; and while the field is a broad one, by careful scrutiny, the closest editorial supervision, it has endeavored in the twelve years of its existence to so glean and garner as to tender only sound grains of scientific truth.

That it will so continue in the future, its past history is tendered as a hostage and guarantee; its standard having been so satisfactorily established, it cannot fall or even be temporally lowered. Its pages have recorded much important experience, many new facts and a material

advance in medical knowledge; and has never failed to prick the errors, foibles, follies and intangible sophistries that have endeavored to obtain access to so good a fold. While the last decade has seen much improvement in medicine as in its collateral sciences, we are unquestionably on the threshold of still greater developments; from the veriest tyro now in his preceptor's office, or on attendance in a first course of lectures, to the ablest and oldest in its ranks, its watchword is *en avant* — yes, forward, in teaching, in observing and learning new facts. The medical colleges of the world have been completely revolutionized, and while all that was good of former days has been retained, there is so much new matter, such improvements in methods and measures, in ways and means, that here at the very foundation we have had a complete upturning and rebuilding; and as here, so of the superstructure.

With these great changes in the past, and such greater ones in the immediate future, we again commend THE SOUTHERN PRACTITIONER to its many readers and friends, and wish them a happy, prosperous and most successful year.

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#### CONCENTRATED FOOD—MOSQUERAS' FOOD.

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Mr. Plummer, the affable and agreeable representative of Messrs. Prake Davis & Co., the well known and reliable manufacturing Pharmacists, favored us with a sample can of Mosquera's Beef Meal, and Beef Meal with Cacao some months ago. Both of which were tried, as were several subsequent cases procured from our retail druggists on patients who were in great need of a concentrated and readily assimilable form of nourishment. In one case in particular, in which the stomach had entirely given away, it was used per enema, and for more than three weeks, was the only form of nourishment administered, resulting in this almost if not well nigh hopeless case, most satisfactorily.

The following claims made for it, we can most heartily endorse:

“The claims we make on behalf of Mosquera's Beef Meal, therefore, cannot be over estimated; they are based on its analysis and properties, and may be condensed as follows:

Mosquera's Beef Meal is a perfectly pure predigested meat, containing all the nutritious constituents of good lean beef, half of which are in soluble form, ready for immediate assimilation; and the other half easily digestible by the gastric and pancreatic juices. Therefore the entire preparation being practically dry, is composed of

nutritive matter, containing about 40 per cent. of soluble peptone and albumose.

It represents, in actual nutritive value, at least six times its weight of good lean beef.

It is perfectly palatable, and will be tolerated with ease by the most delicate stomach.

It admits of being administered in a variety of forms, thus avoiding monotony in the food.

It is the most nutritious as well as the most economical concentrated food."

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E. L. FISH, M. D., West Aalley, N. Y., says: I can heartily endorse ALETRIS CORDIAL after giving it a fair trial. Mrs. F—, aged 37, mother of two children, during last seven years has miscarried three times. Has lateral curvature of spine, and never robust. Began in last gestation, at four months, to give ALETRIS CORDIAL, three-fourth teaspoonful three times a day, and increased to one teaspoonful. She has used four and one-half bottles, and is now within four or five days of full term. Her general health has been much improved, appetite good, no vomiting, bowels in good condition, and kidneys acting well. I am exceedingly well pleased with the action of the remedy, as is also my patient. I have also used ALETRIS CORDIAL in ovarian neuralgia with tip-top results. I have used it in one case of miscarriage at three months, in which the catamenia almost amounted to flooding, confining the patient to bed for six or eight days at a time. In this case I prescribed:

R ALETRIS CORDIAL.....8 ounces.

Ergot. Fl. Ext.....2 ounces.

M. Sig. Teaspoonful three or four times a day.

This acted promptly, and the next period was passed in comparative comfort.

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FEBRILINE, or Tasteless Syrup of Amorphous Quinine, is a most valuable aid to, and one of the most satisfactory remedies offered to the general practitioner. I can say from experience, having given it a most thorough trial, that it is equally as efficacious as other forms of the alkaloids of cinchona, and has the great advantage of being palatable. I use it almost exclusively in all cases of diseases of children, where cinchona or its alkaloids are indicated, with the most satisfactory and gratifying results.

"I am not accustomed to giving testimonials of new remedies., but my recent experience with Tongaline has been so satisfactory that I feel it a duty to the profession to express the opinion that it is one of the certainties of medicine.

In acute facial neuralgia, hemicrania, gastralgia and sciatica, Tongaline *has never disappointed me.* It is preferable to opiates, having no objectionable properties, such as producing headache, constipation, impairment of digestion, **AUG 25 1882** the thing that can be said about Tongaline is its high price."

**DR. W. MURPHY, M. D.,**  
Secretary of the Washington County Board of Health, Salem, Ind.

A. W. MCFARLANE, Fellow Royal College Physicians, Edinburgh. Fellow Royal Medical and Chirurgical Society of London,; Examiner in Med. Jurisprudence in the University of Glasgow; Honorary Consulting Phys. (late physician) Kilmarnock Infirmary; formerly Examiner in Medicine and Clinical Medicine in the University of Glasgow, etc., etc., in his monograph, "Insomnia and its Therapeutics," says:

"Bromidia (Battle) has in several instances been found reliable, in drachm doses, given in syrup and water at intervals of an hour until sleep is induced."—*Woods' Med. and Surg. Monographs, Sept. 1890.*

WE call the attention of our readers to the advertisement of Robinson-Pettet Co., which will be found on another page of this issue. This firm was established forty-five years ago, and enjoys a widespread reputation as a sound, honest, reliable business house. We do not hesitate to endorse their preparations as being all they claim for them.

WAYNE'S DIURETIC ELIXIR, composed of Buchu, Juniper, Potas. Acetas, etc., is a most excellent preparation, and will be found peculiarly valuable in cases of acute and chronic cystitis, urinary deposits and sediments, calculous troubles, and in acute and chronic Bright's disease. It seems to more satisfactorily allay irritation of the genito-urinary organs than any remedy we have tried, and will prove to others as it has to us, most satisfactory in all organic and functional diseases of the genito-urinary system.

SANDER & SONS' Eucalypti Extract (Eucalytol)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswaid.

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### OUR ADVERTISERS.

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We desire to call the attention of our many readers to our advertising pages, which will well repay a careful perusal. We have adopted the rule, which has been strictly adhered to, of admitting nothing but first-class, reliable articles, which we can cordially commend.

GELATINE CAPSULES.—H. Planten & Son, 224 William St., New York, have attained a world-wide fame in these important aids to the administration of nauseous drugs and medicines. Whenever you call for and get Planten's Capsules you can rely upon having the best. In this connection, I desire to state, that during the past year I have used with the most satisfactory results, their Horse Capsules No. 12, as a means of introducing both medicines and food into the rectum, in cases where the human stomach would tolerate nothing else. In one case it was important that my patient should have full doses of quinine—two No. 12 capsules were charged with  $12\frac{1}{2}$  grs. each, and after oiling slightly, one was introduced into the rectum at 6 P. M., and the other five hours later—result, full cinchonism protracted through ensuing twenty-four hours.

In another case, a female with gastric ulcer, nutrition was maintained for more than two weeks by these capsules filled with Leibig's Beef Extract, and other solid beef extracts of nutritious character, introduced into the rectum every six or eight hours. I found it far more practicable and satisfactory than nutritious enemata.

THE MCINTOSH MANUFACTURING CO. make the best, most portable and in every way the most satisfactory battery for physicians' use, containing both the Galvanic and Faradic currents. Their "uterine supporter" is suited to every indication of Uterine Displacements, combining a union of external and internal support, adapted to the varying positions of the body, and is self adjusting. We have had in weekly use in our office, for more than six years past, one of their eighteen-cell batteries. It is always ready, and has given the utmost satisfaction.

THE RIO CHEMICAL CO., of St. Louis, advertise a most excellent series of articles. Their "Celerina" is a good nerve tonic and anti-

spasmodic ; “ Aletris Cordial ” is a uterine tonic ; “ Acid Mannate,” a palative and painless purgative ; and Kennedy’s Extract of *Pinus Canadensis* needs no commendation at our hands. It is recommended by some of the most reliable physicians of the land. By special courtesy we have recently received samples of all their special preparations, and have tried them with the most gratifying results.

THE MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVERSITY OF TENNESSEE are in a more flourishing condition than ever. The largest classes ever in attendance this year. With one of the most suitable buildings for medical teaching, improved clinical advantages, and a corps of active, earnest, hard working teachers, success is natural. This session they have the clinical advantages of the City Hospital, now under their exclusive control, to which they have added a most excellent clinical amphitheatre for the use of the classes.

THE IODIA AND BROMIDIA of Messrs. Battle & Co., 402 Main Street, St. Louis, Mo., are well worthy of trial. Iodia is composed of the active principles obtained from alterative roots in the green state, together with Iodide of Potash, 5 grs., and Phosphate of Iron, 3 grs., to each fluid drachm. Bromidia is one of the best hypnotics we have ever tried. Cocalac and Papine are also excellent preparations.

FELLOWS’ HYPO-PHOS-PHITES (Syr. Hopophos : Comp. Fellows :), contains the Essential Elements to the Animal Organization—Potash and Lime ; the Oxydizing Agents—Iron and Manganese ; the Tonics—Quinine and Strychnine ; and the Vitalizing Constituent—Phosphorus, combined in the form of Syrup, with slight alkaline reaction.

FRELEIGH’S TABLETS, manufactured by I. O. Woodruff & Co., 88 Maiden Lane, New York, are well deserving a trial. It is a most excellent remedy, a most effective combination, and the elegance of the formula, the small dose required, and its potency go far to recommend it in that large class of neuroses so common among the brain-workers of this country.

MESSRS. FAIRCHILD BROS. & FOSTER, makers of original and reliable preparations of digestive ferments and other valuable therapeutic remedies have an important notice in this number. Complete lists and descriptions will be cheerfully sent to any one applying to them at 82 and 84 Fulton Street, New York.

LISTERINE.—We have often had occasion to speak of this very valuable preparation. It comes nearer a perfect antiseptic than ever be-

fore offered to the Medical or Dental professions. It is antiseptic, prophylactic, non-toxic, non-irritant, and one of the most reliable and satisfactory surgical dressings we have ever tried. Send for Lambert & Co.'s new formula book and try Listerine in any of the morbid conditions for which it is recommended, and you will never regret it. "Lithiated Hydrangea" is also manufactured by Lambert & Co. Formula will be found on first advertising page following reading matter. See advertisement and read it. Try these preparations and you will not be disappointed.

DON'T FORGET that *One Dollar*, sent by mail, in currency, U. S. postal order, postal note, or one or two cent stamps will secure twelve consecutive monthly issues of THE SOUTHERN PRACTITIONER—each containing 48 pages or more, of choice, interesting and reliable reading matter devoted to medicine and surgery.

ROBINSON-PETTET Co., "Manufacturing Chemists and Pharmacists," of Louisville, Ky., have an advertisement in this issue, to which we desire to call especial attention. This house was established in 1842, and has ever maintained and sustained a character of the best. Their business has become of great magnitude, yet they are as scrupulously careful with the smallest order as with the largest. They offer to the profession a series of articles of their own manufacture, which we know from repeated trials to be all they claim. Their Hypophosphites, Wine of Cocoa, Elixir of Lime Juice and Pepsin, and Phosphoric Elixir, will be found as represented. They invite a trial of their preparations. Try them and you will not be disappointed.

FEBRILINE, OR TASTELESS SYRUP OF QUININE, as prepared by the Paris Medicine Company, is a most excellent preparation, remarkably adapted to use in the case of children, or those who are nauseated by the usual alkaloids of cinchona, and who are, or have been subjected to malarial influences. Try it once and you will be satisfied with its effects. Their sales last year aggregated over \$100,000.

DEMOVILLE & Co., Corner Church and Cherry Streets, Nashville, Tenn., in addition to a full line of Drugs and Medicines, keep the best assortment of Surgical Instruments, from the best manufacturers, on hand. Catalogues will be furnished on application.

BELLEVUE HOSPITAL MEDICAL COLLEGE needs no commendation at our hands. It has become one of the established institutions of America.

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# THE SOUTHERN PRACTITIONER.

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DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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## *Original Communications.*

### CAUSES WHICH IMPERIL THE HEALTH OF THE AMERICAN GIRL AND THE NECES- SITY FOR FEMALE HYGIENE.\*

CONCLUDED FROM JANUARY NUMBER.

BY GEO. J. ENGELMANN, A. M., M. D.

*President Southern Surgical and Gynecological Association; President St. Louis  
Obstetrical and Gynecological Society; Professor Diseases of Women Missouri  
Medical College and Post-Graduate School; Fellow of the American  
Gynecological Society; Fellow of the British Gynecological Society;  
Fellow of the London Gynecological Society.*

We must of necessity inquire whether the health of the girl does suffer during school-life, or rather, is functional life impaired by our present methods of education, and I must unhesitatingly say that it is, unfortunately, a question which is asked in different ways and distorted by the partisans of higher education for women.

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\*Abstract of President's address before the Southern Surgical and Gynecological Society, Atlanta, Nov. 11, 1890.

Statistics of functional health during school-life are out of the question, and we must refer to a few general facts, and to our individual observation.

How commonly do we see the once healthy girl returning from school, above all, the pernicious boarding-school, neurasthenic, with flushed face, cold feet, impaired digestion, back-ache, painful and disordered functions, all of which symptoms gradually fade with the enjoyment and recreation of vacation, to return with the next session of school.

It is the American idea of putting one through, which lays the foundation of evils which not only follow the individual through life, but pursue her in her descendants. It is the idea of finishing her education, a given job to be completed, before the pleasure of society can be anticipated, almost invariably fatal for the bright, gifted, girl in her last year at school. It is the source of beginning functional disturbances. She is straining every nerve for the dangerous struggle of supremacy, and, cost what it may, her ambition must be gratified; she must graduate with honor before making her debut in society, and even now her emotional nature is stimulated and excited by the taste of its pleasures. Evenings which should be devoted to rest are given to boy visitors and dancing parties. Healthy recreations, outdoor exercise and the necessary sleep are neglected; school gymnastics, calisthenics or official recreation do not afford the healthful exercises needed. An increased quantity of blood is diverted to the brain, whilst the general supply is diminished and the circulation impaired; lassitude, malaise and local trouble follow. Is it to be wondered at that she breaks down? That the mothers best fitted to produce capable children fail to fulfil their destiny?

In boarding schools enervating routine takes the place of social dissipation, but the results are the same, if not worse, as the girl is removed from her natural guardian and adviser—the mother. One statement from the pen of Dr. Goodel, will best indicate the frequency of the injury. He tells us that he has been repeatedly asked by physicians attending such institutions whether it were possible that laundresses could have drugged the

scholars unbeknown to them, in order to avoid the washing of soiled napkins? So common is the complete cessation of that essential function in the most critical period in the girl's life removed from home influence, with a view of securing the supposed better advantage.

This is the state of affairs in common schools and boarding schools, at the most critical epoch, from twelve to eighteen. Now let us see what the results of so-called higher education are: the showing is a better one as we may see from the report of the Association of College Alumni who have investigated the present health of female College Alumnæ as far as practicable.

The health of these girls was very much the same as that of their parents, but three per cent. better, constitutional weakness being mostly the cause of such disorders as did exist. Overwork, accidents, and bad sanitary conditions would explain others. Among the college graduates the deterioration in health is two and one half per cent. less than in the working girls of Boston at the same time.

Worry over studies alone causes no decline in health, whilst worry over personal affairs caused decline of health in ten per cent., and worry over studies and personal affairs combined, in fifteen per cent.; but the health of those who declined in college has more than recovered in later years.

We find but a very slight falling off and that only from excellent to fair health, in college life, as we might expect if we consider that it is only the healthier and stronger girls who venture upon higher education, and that one-half of these avoided exertion during the menstrual period and saw but little society.

We must bear in mind that College education is an innovation of recent date, in the establishment of which modern hygiene has been consulted, and study and recreation as well as the health of the pupil, is subject to constant medical supervision; moreover, in some of the more advanced institutions good health is made a condition of admission, and yet Miss Howe, of the College Alumni committee, finds that only four hundred and ninety six out of one thousand graduates married between the ages of fifteen and sixty, and she comes to the conclusion that

the tendency of higher education for women is to celibacy ; if this is by choice or necessity—for reasons moral or physical—she does not say ; it appears to be the natural result of misdirected culture.

The injurious effects of our present female education upon the essential function of woman must be apparent if we bear in mind the period of life from twelve to eighteen, and eighteen to twenty-one, when nutrition should be directed to the essential organs of female life, whilst all other organs are in active growth, likewise demanding increased supply. It is then that an increased expenditure of vital energy is demanded, and the brain concentrates upon itself the nutrient fluid ; it is at this time when the system is most susceptible to disturbing influence of all kinds, and in an almost explosive state during one week each month, that it is subjected to the greatest strain, to over brain work, nervous and emotional excitement and even physical injuries.

Are the results not natural when we consider that girls in this dangerous period of life spend more time in study than boys, and that boys do have healthy recreation ; that the Greeks even withheld male children from study until the tenth year, while laying a solid foundation for a healthy physical system and a harmonious development of the functions.

Injuries are wrought in our systems of Education and Labor. Very similar are the injurious effects of our system of labor upon the developing girl and the reproductive functions, but less occult and more marked than those of education for the reason that the unfortunate sufferer cannot withdraw like the school girl at will, or when the evidences of injury are distinctly felt. She is obliged to continue until she is prostrated.

It is not natural labor only, it is not alone wear and tear on muscle which tells,—nerve wear is still worse. It is the girl in the employments now so much affected, as a so-called higher class of female labor, in telephone and telegraph offices ; the clerk, the type-setter and the stenographer. Examples of this kind we can unfortunately see every day.

A most interesting report is given by the Bureau of Labor statistics of 1875, on the special effect of certain forms of em-

ployment on female health, from which I shall quote, as it is the first, perhaps, which has regarded the cardinal relation which labor bears to essential attributes of the forming woman, on which hinge all other vital results.

The alarm bell, the first evidence of coming trouble is menstrual disturbance, and how rapidly nerve strain reacts upon the functions, we may see by the example of unexpected rush of business suddenly befalling an operator, in good health, during the period of functional activity, the complete cessation of the flow, the general prostration which followed, with slow and imperfect recovery.

In the main these functional disturbances are produced by over-work, with innutritious and non-sanitary association, and labor of both body and mind, and the effects of disease primarily produced by early employ during animal growth, the regular and long continued employ of the plastic, undeveloped girl, and the long day's work with unremitting attention. As causative errors in the management of labor are mentioned in this most admirable work, I report the following:

1. *a*: Youth unequal to the work. *b*: Impairment of animal growth. *c*: A constrained position.

2. *a*: A disregard of ultimate injuries. *b*: Unbroken application without vacation with long term. *c*: Depression and diseases inviting demands on immature vitality.

3. Employ in unsuitable occupation for condition of body and mind.

4. *a*: Unduly long hours. *b*: Concentration of vital energies, involving extreme nerve tension. *c*: Unfavorable sanitary surroundings.

Constant injury is wrought by the error of system in school-room and work shop, but potent and more directly evident causes of ill health and functional disturbance in the growing girl exist in our daily life, or social customs, and our habits of dress. To them I will not refer, they are too well known.

The constriction and compression of the corset, the dragging pounds of the skirt, the circulation impeding garter, the insufficiencies of low necked dresses, of thin stockings and shoes, and

the total absence of protection where it is most needed, the absence of drawers.

Among our social customs there are many which bring her ruin. I cannot even touch upon them all, there is but one of which I shall speak, and that is the most dangerous of all,—more or less underlying all other causes of disease;—it is the ignoring of the function of woman by woman, by the mother, and her ignorance of the import.

Fearful are the consequences of woman's ignorance, the calamities which follow the course of the misguided mother; swift, certain and lasting the penalties inflicted upon the unadvised or ill-advised girl, whose one great misfortune is ignorance. She steps into the unknown sphere of womanhood, and in darkness she pursues its irregular path;—fortunate she who may but chance not stumble.

Many who might be saved by proper management during the transition from adolescence to maturity, now fall victims to their ignorance, and no words of mine could be more convincing than the data given by Tilt as far back as 1855 in his admirable work on the elements of health and the principle of female hygiene, which shows how many are injured by the unexpected appearance of the unknown function.

Great is the danger in all classes, be it from ignorance or modesty, and most susceptible is the more highly strung nervous system of the more refined organization. Even though the bark float in safety through the first stormy epoch of life, it is constantly endangered, most of all from the ceaseless crash of the ever recurring waves of functional activity, and it remains in need of guidance until it has passed through a final storm into calmer waters. The mother is the pilot, and functional hygiene the guiding chart, the physician the engineer who maps it out.

I cannot exaggerate the danger to the delicate bark, to the health of the susceptible girl, from each wave of functional activity. Its greater danger is during the height of the wave. That period of greatest activity throughout the entire system, the period of vascular pressure and nerve excitement, which threaten her functions as well as the era marked by local depletion and depression, and decline of the wave.

So common are the injuries to female health at this epoch that I need but state a few of the examples which have come under my observation during the writing of this paper, in fact I may say almost upon this very day, to astound you. Fright, nervous and emotional excitement, exposure to cold have brought injury to so many at this time. What more natural than that the anxious girl should seek to check the bleeding wound, as she supposes?

For this purpose the use of cold washes and applications is common, some even seek to stop the flow by a cold bath, as was done by a now careful mother, who lay long at the point of death from the result of such indiscretion, and but slowly by years of care, regained her health. The terrible warning has not been lost, and mindful of her own experience she has taught her children a lesson which but few are fortunate enough to learn.

How many have passed in safely through the first ordeal are ruined by an indiscretion or an exposure at a later period: many a vigorous frame has been broken, health has been ruined and death caused by disturbance of the function during its period of activity, by exposure, by cold, by physical and mental exertion, by nerve or emotional excitement. A cold foot bath during the period, a dance in low neck dress, a walk in rain or snow, a hard days work of mind or muscle, an excitement of heart or head, has made an invalid of many a previously healthy girl, by its influence on this omnipotent function.

#### CONCLUSION.

I have endeavored to show that the health of the American girl is threatened and impaired by causes more or less avoidable, as they are due to our methods of life, our methods of training and education; that the physique of this girl, most favorably situated, amid auspicious possibilities, her imperfect brain overworked, her nerve power exhausted, her function impaired, and reproduction endangered, all by reason of the susceptibility of her peculiar organization, and the increased impressionability of the sensitive system during the years of development, in which it is subjected to the most severe stain.

Such is the fact: what is the remedy? Condition and cause make the remedy self-evident.

Let me briefly review the conditions as we have found them: a perfectly organized being, in the very beginning of woman's existence, waning upon the rise of the great wave of functional life, during the period of functional development, in labor and education indicative of nerve and physical prostration; with impaired circulation and digestion, imperfect menstruation, and diminished reproductive power; neurasthenia and functional disturbances constantly intermingled as cause and effect; unfortunate results brought about, in the main, by more or less the same influences: 1. Over brain work and nerve strain, with neglect of the physical system in education: 2. Nerve strain and partial or incomplete muscular activity in labor; both influences which are inseparably connected with, and complicated by, causes more active and independently potent; (a) 3. The ignoring and neglecting of functional hygiene; 4. Physical and emotional strain of society, improprieties of dress and over stimulation of the senses.

The remedy is: attention to woman's peculiar organization and the cyclical waves of her dominant function; or, in other words, harmonious development and occupation of nerve and muscle: Diminished brain work and nerve stimulation with increased and co-ordinate physical exercise; increased protection and diminished compression of dress; self knowledge and individual care during periods of heightened susceptibility.

Changes are necessary in custom and fashion, in methods of labor and education.

Whilst each individual, and each calling, is a law unto itself—I may say, in a general way, that we should endeavor to obtain the end of education in its widest sense, the development of all functions and faculties, to render the girl fit for the life she is to enter, in every way: "to render youth beautiful, healthful, strong and honest."

A harmonious co-education of mind and body should be approximated, with coincident maintenance of proper hygienic conditions. The nerve and emotion strain of class competition must



be abolished ; the stress of constant work, the train of thought and the routine of regulation must be broken ; mind and heart should be educated, rather than memory, the nerve strain varied by healthful pleasures, and physical exercise in the open air, and relieved more or less, according to individual necessities, during periods of heightened susceptibility.

Whilst the initial causes of ill health in the school girl may readily be overcome, the dangers which beset the laboring girl, though equally evident, are more difficult of removal. The same necessity exists for individual care, upon the height of the functional wave and during its period of decline ; the same necessity for a proper co-ordination of labor, physical and mental ; the same danger from constant application, from the strain of one part, one function or organ to the exclusion of others ; nerve tension is even more continuous and intense, and muscular exertion limited to individual muscles.

The years of development should be respected and the continuity of labor broken, rest and change afforded frequently, for short periods. Much good might be done by the necessary changes in customs and fashions, by suitable dress, last, but not least, by self knowledge, and I will close with a plea for the self care of the girl and her proper physiological instruction by the mother, which, alone, will mitigate or remove the initial cause of many of her ailments. Upon the mother I wish to impress that the perfect development of the female function, and the maintenance of this function, once developed, in a healthy condition, is essential to the perfect development of the girl and the perfect health of the woman ; that self care, a well regulated female hygiene, is the foundation of her well being, and that it is the mother's first duty to so guard herself and so guard her daughter.

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## *Clinical Lecture*

ON THE

### HYDERABAD CHLOROFORM COMMISSION AND PROFESSOR WOOD'S ADDRESS ON ANÆSTHESIA AT BERLIN.\*

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*Delivered at the Afzal Gunj Hospital.*

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BY SURGEON-MAJOR E. LAWRIE,  
*President of the Commission.*

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GENTLEMEN :—In the case of operation for the removal of the uterus and its appendages for sarcoma, which you witnessed, yesterday chloroform was administered, and the patient was kept fully anæsthe'ised for one hour and a half by Miss R. Furdonji, a fifth-year Parsi lady student, without assistance or interference from anybody. You are aware that, while I hold myself entirely responsible for the safety of my patients, chloroform is always given here by students with complete immunity from accidents, and you may find it difficult to understand why there should be any difference of opinion as to its safety. Unfortunately, a difference of opinion does exist, and it is my duty to indicate to you the fallacies contained in the latest addition to the controversy on anæsthetics—the address on anæsthetics at the Berlin International Congress. In the opening paragraph of his address Professor Wood says: "The death-roll of anæsthesia is daily added to—added to, according to my belief, at a rate that has not changed in forty years. Though this be true, from far-off Australia comes the news that judge and jury have condemned to heavy penalty a chloroformist who had lost his patient; and in England itself a well-known medical journal lends support to such a verdict by affirming that deaths from chloroform are preventable, that with due care they may be

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\* Reprint from London Lancet, November 29, 1890.

avoided, and that, therefore, when they occur they are the result of ignorance and carelessness. If this be true, five hundred deaths and more—the result of ignorance and carelessness! Five hundred surgeons, including such names as Billroth, Jaeger, Simpson, McLeod, McGuire, and others of equal rank, guilty of manslaughter! And still the carnage goes on.” Professor Wood scouts the idea that all the deaths that have occurred from chloroform are due to ignorance and carelessness, and in a strictly limited sense he is right. The majority of the deaths from chloroform have been due to wrong teaching, and it is not the unfortunate chloroformist in far-off Australia who ought to be punished for losing his patient, but those leaders of our profession who, by their obstinate and persistent advocacy of erroneous principles, send forth from our medical schools year after year numbers of young medical men who are ignorant of the proper method of chloroform administration, and are confessedly unable to administer it with safety. A portion of Professor Wood’s Address consists of an attempt to divert the question of anæsthesia into a side issue on the qualities of different races of dogs; and he puts forward the amazing and ridiculous contention that the heart of a dog in India is much less sensitive to chloroform than the heart of a dog bred in northern climates. If this were true, it would only be necessary to raise the temperature of our operating rooms to 80° to insure perfect safety. Operations must in future be performed in the hothouse, that is all. Professor Wood says: “Further, in a recent letter to me, Sir Joseph Fayrer affirmed the extraordinary safety of chloroform in India, and stated that he knew of no death from it as having occurred in that country, although its use is universal.” Sir Joseph Fayrer left India in 1871. Since Sir Joseph left that country the old Scotch principle of chloroform administration, which was in his time almost universal, has been largely replaced by other principles, and several deaths have taken place. I know of six, and five of the six have occurred since 1879. Sir Joseph Fayrer’s letter, therefore, merely confirms my opinion that the report of the Glasgow Committee, which was published in 1879, and was founded upon insufficient experiments,

has done infinite harm, and is chiefly responsible for the fatality from chloroform during the last ten years. Dr. James Dunlop also states:<sup>1</sup> "Within the last ten years the deaths under chloroform in Glasgow have been more numerous than they had been in the previous decade."

Professor Wood next proceeds to re-examine the clinical facts. "If any credence is to be attached to the statements of competent witnesses who have recorded human deaths during anæsthesia, it is certain that in some cases under the influence of chloroform the pulse and the respiration have ceased simultaneously, whilst in other instances the respiration has failed before the pulse, and in still other cases the pulse has ceased its beat before the respiratory movements were arrested." Nothing is more certain, however, than that it is unsafe to attach credence to those whom Professor Wood styles the competent witnesses who have recorded human deaths during anæsthesia. The reports of chloroform deaths are utterly worthless and unreliable, because there is no independent person present who can take notes, and who will not interfere, although he sees the inevitable death approaching. Professor Wood then compares his clinical facts, which you now see are of no value, with the results of observations made on animals. He states that he and his colleagues definitely proved that in "the dog chloroform has a distinct, direct, paralyzing influence on both respiration and circulation; that the respiration may cease before the heart beat, or the two functions be simultaneously abolished; but that in some cases the heart is arrested before respiration. We have several times seen the respiration continue as long as one and even two minutes after the blood pressure has fallen to zero, and the pulse has completely disappeared from the carotid artery."

Professor Wood here makes the same mistake as was made by Dr. Lauder Brunton on the very last day of the Hyderabad Commission's experiments. No one who was present will forget the exciting scene when Dr. Brunton, who was watching the Fick manometer, called out that the heart had stopped, though the dog was still breathing. The excitement reached a climax

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<sup>1</sup> Vide *The Lancet* of September 27, 1890.

when a needle thrust into the heart showed that it was beating vigorously; and we restored the animal easily. On another occasion everybody in the room thought a dog was dead when it was not. The fact that there is no carotid pulse is no proof that the heart has stopped. Professor Wood continues: "The correctness of our experiments we claim must be acknowledged. I do not desire to express any doubt whatever as to the correctness of the experimental data of Dr. Brunton. [Why not of the Hyderabad Commission?]. I simply claim that both sets of experiments, although they have yielded different results, have been correctly and properly performed." The results being irreconcilable, either the interpretation of the experimental data of Professors Wood and Hare, or that of the experimental data of the Hyderabad Commission, is incorrect. The question we have to decide is which of the two are wrong. Professor Wood asserts that his experimental data correspond with his clinical facts. But his clinical facts prove nothing whatever, except that, if part of the chloroformist's attention is devoted to the pulse in chloroform administration, deaths occur. Professor Wood's experimental data, like his clinical facts, do not prove that chloroform directly affects the heart. The cases he brings forward as instances of death from stoppage of the heart in animals are not supported by any evidence that the heart had stopped beating when he assumed that it had because the blood pressure was low and the carotid pulse could not be felt. We must have more information regarding Professor Wood's methods before we can accept his conclusions. He probably used a mercurial manometer. In our experiments the pulse was often visible on the Fick, or glycerine, manometer long after it had disappeared on the mercurial manometer; and the needle in the heart would beat long after the Fick tracing was reduced to a straight line.

The clinical facts which led to the formation of the Hyderabad Chloroform Commission are very different from those of Professor Wood. They consist of an almost unbroken series of forty-five thousand cases of chloroform administration, extending over forty years. In this long series of cases the chloroformists

were guided as to the effect of the chloroform entirely by the respiration, and there was not a single death. In strict accordance with these clinical facts the experimental data of the Hyderabad Commission prove (1) that the administration of chloroform is free from risk if the breathing is perfectly regular throughout and the inhalation is stopped as soon as the animal is fully under its influence; (2) that chloroform never causes death by sudden stoppage of the heart; (3) that death from chloroform is always the result of an overdose; (4) that the danger of overdosing is enormously increased by holding the breath, struggling, asphyxia, or anything which causes the patient or animal to take gasping inspirations; and (5) that the inhibitory action of the vagus nerve, which is called into play in threatened and actual poisoning with chloroform, is a safeguard. The safeguard action of the vagus was discovered by Dr. Bomford, and its true meaning was subsequently worked out by Drs. Bomford and Brunton, and no physiological discovery that has been made of late years can compare with it in practical importance. It was never mentioned or alluded to at the Berlin Congress.

We are now able to institute a comparison between the value of Professor Wood's clinical and experimental data and that of the clinical and experimental data of the Hyderabad Commission. Professor Wood's data lead to nothing more than an admittedly unsafe method of chloroform administration. The Hyderabad Commission demonstrates that, by proper attention to the breathing, chloroform can be administered with safety in any part of the world. No one is in a better position than I am to appreciate the worth and significance of the Hyderabad Commission's researches. For twenty years before the Commission was appointed I had given chloroform and taught hundreds of students to give it with unvarying safety. I took no part in Drs. Brunton's and Bomford's experiments, but I had the supreme satisfaction of looking on and watching the gradual development of the proof of the truth of Syme's principles. I now know scientifically what I knew before empirically, and it is difficult to overestimate the difference. Formerly I taught my students to be on the alert for the warnings which are given

by the respiration in chloroform administration, by which danger can be averted. We frequently gave patients overdoses, and were obliged to draw forward their tongues, or occasionally even to employ artificial respiration to restore them. I now teach you that the true art of giving chloroform, an art which any intelligent medical man can acquire, consists not only in concentrating your attention on the breathing, but in keeping it absolutely regular throughout the administration, and in stopping the inhalation whenever the breathing is irregular, and directly the patient is fully under the influence of the anæsthetic. We never have trouble now from overdosing; you rarely see respiratory embarrassment in my operations, and during the last year, since the Commission completed its work, we have not had a case in which stoppage of the respiration has occurred. Professor Wood finds ether is as bad as chloroform in the laboratory. Clinically it does not kill so many people, because it is not pushed so far. In many cases, partial anæsthesia is considered sufficient when ether is used. Professor Wood has found out also that atropine, caffeine, and alcohol are not beneficial in chloroform administration, and that digitalis is. He has only to study our report and the vagus experiments to understand why. Anything which increases the rapidity of the pulse increases the rapidity with which chloroform is conveyed to the nerve centers, and if alcohol, or atropine, or caffeine does this they are bad. But alcohol does not always increase the rapidity of the pulse. Very often if a patient is frightened a small dose steadies and slows the pulse, and gives him confidence; and in so far as it does this, a preliminary dose of alcohol does good in operations under chloroform.

Before bringing this lecture to a close, I desire to call your attention to a paper by Dr. James Dunlop, in *The Lancet* of September 27, 1890, as it has an important bearing on Professor Wood's address. Dr. Dunlop's paper consists of observations on the administration and dangers of anæsthetics, in reply to *The Lancet's* circular calling upon scientific medical men throughout the world for information on the subject. Dr. Dunlop states that "the skillful administration of the anæsthetic in-



cludes *attention to the pulse*, as well as watching the respiration," and he gives numerous instances of death under chloroform from what he calls asphyxia and syncope. Dr. Dunlop's paper emphasizes the truth of what I have already stated with regard to the worthlessness of Professor Wood's clinical facts, and it affords additional evidence that if part of the chloroformist's attention is devoted to the pulse in chloroform administration, deaths occur. It must be clearly understood what is meant by attention to the pulse in chloroform administration. Any surgeon who can give chloroform safely can keep his eye on the pulse. Toward the end of long operations I often ask my students, just as Mr. Syme used to ask me, "How's the pulse?" This is quite a different matter from watching the pulse for signs of danger from the anæsthetic—which is both unnecessary and dangerous. It is unnecessary because no reliable information as to the effect of chloroform can be obtained from the pulse, and it is dangerous because if ever the administration of chloroform is pushed far enough to cause the pulse to show signs of failure of the heart, the limits of safety have already been so far exceeded that a fatal result must almost inevitably ensue.

It is strange to find a surgeon of Dr. Dunlop's standing writing of deaths under chloroform occurring from asphyxia. The Hyderabad Commission has pointed out that the only danger of asphyxia, as of holding the breath, in chloroform administration, is that it makes patients gasp and so take in an overdose with extreme rapidity. Dr. Dunlop asserts, that deaths from syncope occur early in the administration of chloroform. He says: "A small quantity of concentrated vapour without any air administered to a nervous, timid patient has proved fatal. A healthy florid-faced young man had chloroform administered to him in private by a surgeon who had gained much experience of chloroforming in the wards of the Royal Infirmary. The chloroform was administered on a folded towel, three or four drachms having been poured on. While the patient was counting, and when he had reached the number twenty-five, his face at once became pale and blanched, the pupils suddenly widely dilated, and no pulse was felt at the wrist. The young man was dead." In



order to understand the cause of the young man's death, you must consider Dr. Dunlop's account of it carefully, and remember that it is impossible to make any patient (or animal) inhale concentrated chloroform vapour without any air, unless you either cause him to gasp, by making him hold his breath or by asphyxiating him, or first render him insensible. From Dr. Dunlop's statement it is clear that the young man was made to count while the chloroform was held over his face on a towel. No surer method of making him gasp could possibly have been devised. Try it yourself without chloroform, and tell me if counting and regular natural breathing are compatible. But with chloroform close to the face, it is certain that if you try to count you must gasp after every number, or after every few numbers. In fact, counting must lead to gasping much more quickly than holding the breath, because the lungs are emptied by the process. You remember a case which occurred here the other day. When a patient was nearly under chloroform he suddenly began to try to speak, and went on muttering "*er—er—er—er—er*" for a long time without taking breath. I told the student to remove the chloroform cap from his face, as the patient was sure to gasp, and after a few seconds more the gasp came. Fresh air entered the lungs, and the patient recommenced breathing regularly, and very soon went over; but if the cap had been kept near his face, he would have inhaled a large dose of chloroform, and might have been at once poisoned. Substitute counting for the noise our patient made, and you have the true explanation of the cause of over-dosing and death in Dr. Dunlop's case. Dr. Dunlop says no disease was found in any of the young man's organs on post-mortem examination, and adds: "Strange as it may seem, disease of valves, hypertrophy of walls, cardiac murmurs of all kinds give no trouble during the administration of chloroform." According to this teaching, the more healthy a man's heart is the more certain he is to be liable to sudden death from syncope under chloroform; and if this is to become part of our belief, we shall soon have to refuse chloroform to anybody who has not a diseased heart. This is on all fours with the text-book teaching with reference to shock under

chloroform. It is not the capital operations like amputations which are said to be dangerous from shock under chloroform, but only the trivial ones, like the operation for squint or for ingrowing toe-nail. In order, therefore, to make the operation for squint safe under chloroform, the patient ought first to have his leg off! You may believe me that there is no such thing as chloroform syncope, and that all deaths *from chloroform* are due without exception to over-dose. You never hear of syncope except in the practice of those who do not know how to give chloroform with safety; and when once the truth is accepted, as it must be eventually by the whole profession, chloroform syncope will disappear into the region whence it came.

It is now time to ask what are the results of *The Lancet's* call for clinical experience. It seems to me that sufficient evidence of the most crushing kind has been accumulated in *The Lancet* for 1890 to show that if the chloroformist's whole attention is not directed to the respiration, so as to keep it regular, deaths are inevitable. First, we have had the statistics of Mr. Roger Williams (*vide The Lancet*, Feb. 6, 1890), to show that one patient dies in every 1236 cases of chloroform administration at St. Bartholomew's and the other large London hospitals where the pulse is taken as a guide. Then we have Professor Wood's statement that "carnage" still goes on when chloroform is given in accordance with his own principles; and now we have Dr. James Dunlop asserting that the pulse must be attended to as well as the heart, and boasting that *only three cases* are killed by chloroform in Glasgow alone every year.<sup>2</sup> Why are we to continue to study only the experience of those surgeons who cannot give chloroform safely? Why does not *The Lancet* ask the men who do not have deaths to give us their experience for a change? It is imperative that, in addition to clinical experience of the latter variety, *The Lancet* should call for the opinion of the

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<sup>2</sup>It is fair to Dr. Dunlop to state that he is the apologist of others, and that in some of the deaths under chloroform which he reports the respiration is *believed* to have been watched, and not the pulse. It is evident, however, that it is no good to watch the respiration in chloroform administration if disaster is deliberately courted by the adoption of a plan so fraught with danger as making the patient count.

whole profession on the anæsthesia controversy. The report of the Hyderabad Commission was published in the leading medical journals last January, and many letters and criticisms on it have appeared since. A careful study of *The Lancet* for 1890 will enable every general practitioner in Great Britain to form an impartial opinion as to the merits of the case. The votes of the majority will then decide whether the teaching of the Hyderabad Commission or that of Professor Wood is thought to be more likely to conduce to the interests of the profession and the public; and I have no fear what the verdict will be.

Finally, Dr. Dunlop states that "every intelligent assistant I have had *during the last ten years* have felt happier during an operation when ether was used than when chloroform was administered." This is not at all surprising. No assistant can give chloroform happily or safely if he is always in dread that his patient may die suddenly. As long as the belief prevails that one of the dangers of chloroform is sudden death by stoppage of the heart, and the chloroformist watches the pulse for signs of heart failure, deaths will occur. It is high time this reproach to our profession and opprobrium of modern surgery should be put an end to; and if surgeons will not put an end to it themselves, the administration of chloroform should be prohibited by law until the teaching with regard to chloroform syncope is altered and brought into conformity with the conclusions of the Hyderabad Commission.

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## *Selections.*

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SOME NOTES BEARING ON THE ADMINISTRATION OF IRON:—  
Although iron is highly esteemed as a medicament, and is largely used for its tonic effect upon the system, so frequently does it occur that the patient objects, owing to some idiosyncrasy or fancy, that we cannot regard it wholly as an ideal hæmatinic. No apology, therefore, is required in offering to the profession a comparatively recent preparation, which is free from some of the ob-

jections that have been urged against many of the iron preparations now in use. In order to make the reasons which I have to offer clear and distinct to the casual reader, I have deemed it wise to consider briefly some points intimately connected with the pharmacology of the drug. From this preliminary study we shall be in a measure prepared to estimate how nearly the new product comes to meeting the defects with which we have had to contend so long, and at the same time it may possibly lead to a more intelligent use of this well-known remedy.

Besides the reduced iron, we have in general use ferric and ferrous preparations, the latter being more mild, less astringent, and free from the objections to the ferric salts—that of coagulating albumin. Lethal doses of the ferric salts used intravenously, in experimental investigations, cause almost immediate paralysis of the central nervous system, fall of blood-pressure, and death. Although the perchloride, when thus used, causes instant death by coagulation of the blood, it does not act in this direct manner when introduced subcutaneously; the nerves are unaffected, but at the points of elimination inflammatory action is set up, *e.g.*, the kidneys, liver and intestinal mucous membrane show more or less effect.

Absorption takes place as a peptonate or albuminate, but it is taken up so slowly that no appreciable result follows, unless, as just stated, it may be used intravenously or subcutaneously. Absorption takes place more rapidly in catarrhal conditions of the intestinal tract—a fact to be borne in mind when exhibiting large doses, which cause gastro-intestinal catarrh. Small doses do not have this effect, nor does the metal appear in the urine from their administration, such as may be observed after the ingestion of large doses. It will be inferred from the foregoing that by the exhibition of small doses of a soluble preparation of iron it will be assimilated without causing derangement of the alimentary tract, and in this way the secondary effects, *i.e.*, the deposit of the metal in the system, may be avoided.

The fact should be kept constantly in view, that metals have a poisonous action upon nerve, nerve-centres, muscles, and upon all glandular structures; and as iron is a reputed hæmatinic,

much harm may result from its injudicious employment, as there are evidently certain toxic effects following the long-continued use of insoluble preparations. This is a rule which applies especially to all insoluble iron preparations, and it is but reasonable to assume that, whatever harm has been done through this means, may have escaped attention, because few physicians are likely to investigate the presence of factitious diseases. Another factor which has contributed to lessen these evils, is the slow process of absorption.

The foregoing observations apply with equal force to the effects of the drug upon the circulatory apparatus. While copper is an active agent in causing contraction of the blood-vessels, iron produces slow contractions, showing that it is less irritant (stimulant) to the nervous system. This may possibly be accounted for on the hypothesis that iron is a normal constituent of the blood. Whether this effect is due to irritation (stimulation) of the vaso-motor nerves, central or peripheral, or to a direct action upon the muscular walls of the blood-vessels, is a question still in doubt. My own impression is, that through the influence of the medicament upon the nerve-cells the large doses, comparatively, arrest their function, when contraction of the muscular structures in the vessels takes place. The ferric salts, owing to their property of coagulating albumin and blood, of course produce more marked effects than the ferrous salts. Digitalis and ergot among the inorganic remedies, well-known as vascular tonics, furnish apt illustrations of this important principle.

Iron has a tendency to accumulate in the liver; small doses do not show this tendency, but they may serve to increase the functional activity of this organ, when given in a soluble, non-astringent form, by restoring cell-nutrition to the normal.

The effect of iron upon muscular structure has long been known to experimental physiologists, but I doubt if this knowledge is appreciated by many practitioners, who regard the possible benefits to be derived from the exhibition of iron preparations in proportion to the amount tolerated by the patient. Now, large doses, while they do not affect the irritability of muscular structure, lessen materially the amount of work it is capable of per-

forming, while small doses increase the capacity of muscle for work. What is most to be desired, therefore, is a preparation not open to the objections inferred from these investigations; but owing to the necessity for consulting the palate of our patients, it is also desirable that the substance should be free from the nauseating effects which are so common to all preparations of iron. The combination, I believe, is to be found in that form known as levulose ferride, which was highly recommended to me several years ago by my friend, Dr. James Collins, of this city.

The preparation known as levulose ferride is one which takes the place of a well-known and popular German product, called *Eisenzucker* (iron sugar), very extensively used in domestic practice. I was led to the employment of iron-sugar on account of its palatability, fastidious patients and children making no objections to it; but this has been supplanted by levulose ferride, which in the form of tablet triturates will be taken as readily as chocolate bon bons. It is readily soluble in an excess of water, and practically free from any ferruginous taste or styptic effect when dissolved in the mouth, and is substantially a peptonate. The method of preparing it is briefly as follows: To a certain amount of iron a measured quantity of malt-sugar (maltose) is added, and the mixture constantly stirred while exposed on a water-bath. While it possesses all the desirable qualities mentioned, the presence of metallic iron may be determined by chemical analysis, the strength of the product being about three per cent.

This preparation, it will be apparent, will act much less actively as an astringent than even the ferrous preparations; but, of course, it cannot be expected to take the place of the ferric products, which are sometimes demanded, as in the case of intestinal parasites (*sarcina ventriculi* and *lumbricoides*). On the other hand it will be especially indicated for the relief of anæmia and chlorosis, owing to its ready absorption, lack of astringency, and its palatability. In all cases of defective nutrition, from any cause, where the ingestion of any form of medicament is a trial to the patient, this product will be kindly received. A synopsis of some of the cases in which it is indicated, together

with a summary of the effects following its employment, may prove interesting to the physician.

During the early summer months, I had under observation a young mother with a six-months old child, who presented a very anæmic condition. I had seen her but once since the delivery of her child, and anticipating that she would not be able to nourish it sufficiently and maintain her health, I had cautioned her in regard to the most appropriate diet. Notwithstanding every care had been used, she was finally compelled to seek medical aid, or go to bed. All that this patient required was something for the purpose of increasing the amount of hæmoglobin, which would restore the integrity of the red corpuscles and improve the oxygen-carrying capacity of the blood. This being most readily accomplished by levulose ferride, she was ordered to take tablets of this preparation, each containing three grains, after meals. To meet the emergency, and increase the patient's strength until such time as the advantages of the iron would be apparent, small doses of strychnine (one-sixtieth grain) were administered along with the iron. Ordinarily, this class of patients, when they begin in the early summer, suffer more or less from the effects of the heat, and become regular patients of the doctor; but this patient did not make her appearance again for about two months, when she said she thought it was about time to have a little more medicine, I may mention in passing, that the first medicine was sufficient only to cover the first ten days, and the patient seemed greatly disappointed that she was compelled to return.

So many children are so promptly benefited by the use of a small quantity of iron, that it is a great drawback to us that no palatable preparation has been discovered and put on the market. I have in mind a little fellow, who has long been adverse to eating meat, due, I presume, to defective digestion; but for the past few weeks, since he has been taking the levulose ferride, he seems quite content to eat meat alone, and is becoming strong and robust. Not long ago I had a visit from a lady, who brought with her a young lad, aged fourteen, who had a most forbidding cadaveric expression, and he could eat no meat. His brother, I was told, had died at about this age from Bright's disease, and this



one presented all the symptoms peculiar to the brother who died. Still, with attention to diet, outdoor exercise in the country, and a tablet triturate containing three grains of levulose ferride after meals, he made a prompt recovery. Although I was unable to discover any symptoms of Bright's in this instance, I was impressed with the depression due to the anæmic condition; and yet, without some readily assimilable iron preparation, it would have been a tedious process to start him on the way toward recovery.

Late in the spring of the year, a gentleman, aged about thirty-five, called on me, complaining of dyspepsia, although he had been under the treatment of another physician for overwork for the preceding four years. After regulating his diet, and adopting treatment calculated to restore the activity of the digestive apparatus, he was placed upon levulose ferride along with strychnine sulphate—three grains of the former in tablet form, and one-sixtieth grain of the latter, and did remarkably well on this combination. This product, like all other mild preparations of iron, is mostly indicated in cases of this class, and along with these may be mentioned chorea, convalescence from lingering diseases, like typhoid fever; and in all such instances, I venture to anticipate that the results will be especially favorable where proper attention is given to dietetic measures.

The administration of the remedy may be confined to the use of the powder, which is taken dry on the tongue, dissolved in water or coffee; or it will be found more convenient in the form of tablets, each containing three or five grains. The dose for children ranges from three to ten grains, and for adults from five to thirty grains.

The Levulose Ferride was obtained through Messrs. Eisner & Mendelson Co., of New York, who import this article.—*John Aulde, M. D., in New England Medical Monthly.*

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THE RATIONALE OF INFLUENZA.—The following remarks by Dr. Laffont, Professeur de Thérapeutique à la Faculté de Médecine de Lille, will be read with interest: The epidemic which



was such a cruel scourge last winter is again appearing, although up to the present in a milder form. It may, therefore, not be without use to consider at the present moment the most rational treatment of this affection, at all times painful, and sometimes, from its complications, serious. This malady is, I consider, a contagious catarrhal affection, in its milder form known to us as "grippe," but from its recent serious epidemic character christened "influenza," a name it will probably retain henceforth. The symptoms of this complaint are manifested invariably by a functional depression, more or less marked, of the whole system, varying from simple lassitude, stuffiness of the nose and slight gastric obstruction, all premonitory symptoms of a large number of contagious diseases, and fortunately often constituting the only symptoms of the malady, which in such cases passes for ordinary "grippe."

In the late epidemic, to these premonitory symptoms succeeded all the characteristics of grave typhoid infection; nausea, fever, muscular pains, delirium, pneumonia, with tendency to suffocation and complete prostration. In the discussion at societies and in medical journals on its etiology, some described it as a simple catarrhal affection, more or less grave, having for cause the influence of the external conditions of the atmosphere, and denied its contagious character, others sought at once for the microbe. In the midst of these etiological discussions, no therapeutic law was propounded, and the medical journals were advocating here aperient medicine, antithermics; there, the Vin Mariani (made from the coca of Peru) and tonic medicines; elsewhere, counter-irritation and balsamics were said to do wonders; almost everywhere was admitted the specific effect of sulphate of quinine, or still better salts of quinine, above all, antipyrin. From my own experience, based upon a great number of cases and on myself in particular, I have no hesitation to assert that the method which succeeded the best was essentially eclectic. Thus, at its first manifestation I was able to arrest the development of the disease by administering an aperient (oleum ricini by preference), then causing thoracic revulsion by rubefaction, or even vesication, and by provoking simultaneously a non-depressing diapho-

resis, easily obtained by administering several times in the day a grog made from Vin Mariani, one-third wine and two-thirds water, very hot, with sugar, such as has been prescribed by the learned laryngologist Fauvel for hoarseness and loss of voice, "a frigore."

In the presence of influenza in the stage when the patient was completely depressed, very far from ordering antipyrin, which only augments the depression, I found it much more effectual to administer strong tonics, such as generous wines, champagne, whiskey, rum, cognac, tonics physical and moral, such as the preparations of Coca Mariani, Vin and Elixir, at the same time causing revulsion, and administering repeated aperients. From this treatment I rapidly cured myself, and observed the same results in patients without that long and tedious convalescence due, as I think, to the weakness caused by the use of antipyrin.

I advise, then, as a rational treatment for influenza and kindred affections; first, gentle purgatives; second, diaphoretics and revulsives; third, strong tonics.—*The Medical Press and Circular of London*, November 19, 1890.

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VITAL STATISTICS OF JEWS IN THE UNITED STATES.—A very interesting bulletin (No. 19), which is devoted to vital statistics of the Jews in the United States, has been issued by the superintendent of the late census. Circulars asking for census items were sent to a number of families, and returns were received from 10,618 families, representing 60,630 individuals. Of the heads of these families, about 13 per cent were born in this country, most of the others had resided here for fifteen years or over. The returns, therefore, give a good idea of the position of the fixed Hebrew population, and illustrate well the characteristics of the race as settled in the United States.

Their excellent home sanitation is shown in the statistics of of births and survival of children. Of children under five years the proportion is less among the Jews than among the other population of the country in the ratio of 9 to 13. But between the ages of five and fifteen it is greater, in the ratio of 29 to 23, in-

dicating their success in averting infant and child mortality.

The social condition and comfortable position attained is shown by the fact that nearly two-thirds of the families keep one or more servants. Yet the poorer families show a slightly lower death rate than that of the richer ones, reversing the ordinary course of things.

The occupations of 18,115 male members of these families reveal the selection of employments. Eight general classifications of occupations were made. The most intelligible way to express the results is in percentages; 80.1 per cent were engaged in commercial pursuits, 33.7 per cent in the wholesale and 46.4 in the retail branches; 11.4 per cent were engaged in the trades, while but half of one per cent were laborers, servants, etc.

For the past five years 2,962 deaths were reported. This gives an annual death rate of only 7.11 per thousand, but little more than one-half of the annual death rate of the United States in general. This astonishing figure is discussed in the bulletin, and the conclusion reached is that there is every ground for trusting its accuracy. If the deaths for the year 1889 only are taken, a death rate of about 10 per thousand is given, which is exceedingly low.

The life tables naturally show great powers of survival to old age. Thus out of 100,000 individuals there are of survivors at the age of 85 over 20,000 Jews, against an average of about 4,000 general population by English life tables and nearly 7,000 by the Massachusetts five years' life tables. The above figures for the Jews are based on the year 1889 only. For the five years 1885-1889 the record is still more favorable. The expectancy of life therefore is on the average much higher, ranging for some ages up to thirty per cent more than that given by the general English and American life tables.

In causes of death the mortality from tubercular and scrofulous complaints is less relatively than from diseases of the respiratory, digestive, circulatory, and nervous systems.

Of different occupations, the commercial pursuits show the smallest death rate.

The marriage rate and death rate appear to be less for this

class than for the average population. This coincides with the latest summary of rates in Europe. With prolonged residence in this country the death rate seems to tend to increase, and the birth rate to diminish.

As regards the defective classes, deaf and dumb, blind, idiotic, etc., the returns indicate so few among them that the figures are not trusted by the census experts.

The bulletin is only a preliminary one, but makes an exceedingly interesting presentation of the subject. The figures we have given can hardly rank even as a summary of the exhaustive tables contained in it. The compilation of the statistics was performed by Mr. A. S. King, chief of the Division of Vital Statistics. The discussion of the results is by Dr. John S. Billings, one of the leading authorities on these subjects.—*Scientific American*.

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**BLACK WASH IN RHUS POISONING.**—I have had a very large experience with the dermatitis of rhus poisoning, and have never seen the application of "lotio nigra" fail in any stage of the disease. The part or parts may be freely bathed with black wash or wrapper in absorbent wool or cotton previously soaked in the solution. Immediate relief of subjective symptoms follows and the objective signs rapidly disappear. I have never seen untoward symptoms.—*Dr. J. A. Kite in Med. News*.

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## *Reviews and Book Notices*

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**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS**, Consisting of Original Treatises and Reproductions in English of Books and Monographs, Selected from the Latest Literature of Foreign Countries, with all illustrations, etc.; 8 vo., Leatherette, pp. 260 and 330; Published Monthly. Price \$10.00 per annum; Single Copies, \$1. Vol. VIII, Nos. 2 and 3. William Wood & Co., Publishers, 56 and 58 LaFayette Place, New York, N. Y.

The November number of this most excellent serial publication, contains the following articles in its 260 pages:

"Treatment of Uterine Affections by Massage," by Dr. Eugene Avendt; Cosmetic; "A Treatise for Physicians," by Dr. Heinrich Paschkis; "Affections of the Stomach in Diseases of the Male Genital Organs," by Dr. Alexander Payer.

The December number with over 330 pages comprises monographs on a "Practical Guide to the Demonstration of Bacteria in Animal Tissue," by Dr. H. Kuhne; "The Present Position of Antiseptic Surgery," by Sir Joseph Lister, F. R. S.; "Cancer and its Complications," by Charles Egerton Jennings, F. R. C. S. Eng., M. S., M. B.; "The Treatment of Epilepsy," by Dr. Ch. Fere; and last but not least, yes, at this time the most important of all "A Hand-book to Dr. Koch's Treatment in Tubercular Disease," by Drs. Grun and Severn. An index to Vol. VIII., completes the work.

Of all the publications issued from the various medical presses in this and other countries, this series challenges comparison. For the small sum of \$10 you have twelve valuable additions to any man's library, and a larger amount of valuable reading matter than can be found elsewhere for double the sum.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By SAM'L W. GROSS, A. M., M. D., LL. D., Professor of Principles of Surgery and Clinical Surgery in the Jefferson Medical College; formerly President of the Pathological Society of Philadelphia; Fellow of the American Surgical Association., etc., etc. 8 vo., Cloth, pp. 175, with Twenty Illustrations. Lea Brothers & Co., Publishers, Philadelphia, 1890.

A work that long before its fourth edition was reached had become classical and thoroughly regarded as standard in all that pertains to impotence and sterility in the male. It has a place of its own in our literature from which it cannot be pulled down until other abler and more tireless investigators and more correct observers so advance our knowledge as its lamented but talented author has done in regard to this subject.

Dr. Sturgis has done well his work of revision, and the changes and additions he has made we are satisfied would have been sanc-

tioned by its author, and can but prove of value to the student and practitioner of medicine.

**THE PHYSICIANS' HAND-BOOK FOR 1891.** By ALBERT D. ELMER, M. D., New York. G. P. Putnam's Sons, Publishers, New York, (The Knickerbocker Press).

This is one of the handsomest and most comprehensive pocket companions yet issued. In addition to the usual visiting list and record of practice, with places for all memoranda usually found in such works; such as cash received, obstetric record, record of practice, etc., it has pages on good linen paper for a diagnostic record, and alphabetically arranged pages for the names and addresses of patients, with date of beginning and ending of treatment with amount of bill.

In addition we find a mass of condensed information systematically arranged, pertaining to all the diseases to which the human body is subject, even including midwifery and diseases of women. Emergencies and their treatment, poisons, their symptoms and treatment, diagnostic examination of urine, list of incompatibles and alphabetical list of remedial agents occupy a prominent place.

This is the hand-book published for thirty years by W. A. Townsend, and now transferred to G. P. Putnam's Sons, and in its thirty-fourth year of publication, and contains features entirely different from other works of its nature, and has been most favorably received by the medical press of Europe and America, and has been adopted by the U. S. Government for use of officers of the army and navy.

**THE MEDICAL BULLETIN VISITING LIST OR PHYSICIAN'S CALL RECORD,** Arranged upon an original and convenient monthly and weekly plan for the daily recording of Professional visits. New Edition. Red Russia Cover, Flap, Tuck and Pencil. F. A. Davis, Publisher, 1231 Filbert St., Philadelphia, 1891.

A somewhat novel but very expeditious method of keeping a record of a physician's daily professional work. It contains calendars for '90, '91 and '92, Tables of Signs, of Fees, Dr. Ely's

obstetrical table, and other valuable tables, formulæ and doses for hypodermic medication and for inhalation, the use of the thermometer, poisons and their antidotes, maximum doses of the newer remedies, and the usual but specially arranged visiting list, obstetric record, vaccination record, bills and accounts, cash account, etc., etc. No. 1, arranged to accommodate seventy patients daily each month for one year is sold at \$1.25 net; No. 2, large size for 105 patients daily for each month for one year, \$1.50, and No. 2, in which the "Blanks for Recording Visits in" are in removable sections, \$1.75.

A very convenient and both time and labor saving arrangement is the prominent feature of the daily record of visits.

**ESSENTIALS OF PHARMACY**, arranged in the form of questions and answers, prepared especially for Pharmaceutical Students. By L. E. SAYRE, Ph. G., Professor of Pharmacy and Materia Medica, of the School of Pharmacy of the University of Kansas. (Sander's Question Compend No. 18). 12 mo., Cloth, pp. 180. Price \$1.00. W. B. Saunders, 913 Walnut Street, Philadelphia, Publishers, 1890.

The subject matter and arrangement of this little book leaves nothing to be asked for by the student of pharmacy, and it will prove as it was intended, a most useful adjunct to systematic reading. It is a most excellent companion for the student and the question and answer arrangement will be acknowledged as a decided advantage.

**A MANUAL OF AUSCULTATION AND PERCUSSION**. Embracing the physical diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By AUSTIN FLINT, M. D., LL. D., Prof. of Principles and Practice of Medicine, and of Clinical Medicine in Bellevue Hospital Medical College, etc., etc. Fifth Edition, thoroughly revised by J. C. Wilson, M. D., Lecturer on Physical Diagnosis in Jefferson Medical College, etc., etc. Illustrated with wood-cuts. 8 vo. Cloth, pp. 268. Price, \$1.75. Lea Brothers & Co., Publishers, Philadelphia, 1890.

The advanced student, the fresh graduate, and the general practitioner will all be benefited by this excellent little work.

Flint's manual has long been recognized as an authority, and this posthumous edition has lost nothing, rather gained at the hands of its editor, in that it has been brought up to the advances of the present time. "The present revision was undertaken in response to a very general demand, and will, it is hoped, serve to prolong the availability of a work which, while already a medical classic, shows no signs of waning in popularity and usefulness among teachers and students," says the editor in his preface to this edition.

**ESSENTIALS OF MINOR SURGERY AND BANDAGING**, with an Appendix on Venereal Diseases, arranged in the form of questions and answers. Prepared especially for Students of Medicine, by EDWARD MARTIN, A. M., M. D., Instructor of Operative Surgery, University of Pennsylvania; Surgeon to the Howard Hospital, etc., etc. Illustrated, Cloth. 12 mo., pp. 166. Price, \$1.00. (Sander's Question Compends No. 12). W. B. Saunders, 913 Walnut St., Philadelphia, Publisher, 1890.

A concise yet comprehensive little work, without the omission of any essential facts. Of all this series of Question compends we regard this the most valuable—the knowledge contained is just what is important for the student to have ready at hand, and by the system of interrogatories his mind is impressed with these most important points.

**QUIZ COMPENDS NO. 1.** A Compend of Human Anatomy, including the Anatomy of the Viscera. By SAM'L O. L. POTTER, M. A., M. D., Professor of Theory and Practice of Medicine in the Cooper Medical College of San Francisco, Cal.; Author of "A Hand-book of Materia Medica, Pharmacy and Therapeutics, etc., etc. Fifth Edition, revised and enlarged. With 117 Wood Engravings; also an appendix containing numerous tables and 16 lithographic plates of the Nerves and Arteries. 12 mo., Cloth, pp. 315. P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia, Publishers, 1890.

This is a most complete, practical and exhaustive manual, containing information nowhere else collected in such condensed yet



practical shape. It is based upon "Gray," though Quain and other anatomical authorities are not lost sight of. Originally designed for the use of the medical student, in preparing for the exercises of the quiz-room and for his final examination, the text is confined to the essentials of each structure considered, all being arranged in such manner as to fix them rapidly in the mind of the student. The descriptions are cut as clean as the knife of the most expert anatomist divides the various structures, and all superfluities of description are avoided. It is truly a model of conciseness, yet clear and instructive, and every tissue and organ of the body is brought clearly before the mind's eye. We can and do most cordially commend it.

THE PHYSICIAN'S LEISURE LIBRARY No. 6, Modern Treatment of Headaches. ALLAN MCLANE HAMILTON, M. D. 12 mo., Paper, pp. 122. Price 25 cents. Geo. S. Davis, Publisher, Detroit, Mich., 1890.

This little brochure is the result of the author's own experience, without any reference to other articles or books, and the remedies suggested are those he has found serviceable. Its author is too well-known as an authority on nervous troubles to require any commendation at our hands.

WEEKLY MEDICAL REVIEW, POCKET REFERENCE BOOK AND VISITING LIST, Perpetual. J. W. Chambers & Co., Publisher, St. Louis, Mo., 1891.

A simple, compact and very convenient arrangement, and one that will in every way meet the wants of the practitioner of medicine, surgery or any of the specialties. It is highly appreciated by all who have tried it, and its moderate price will commend it to many, who will find here all that is needed in a work of its class.

MEDICAL NEWS VISITING LIST, 1891. Thirty patients per week. Lea Bros. & Co., Publishers, Philadelphia.

A very good method of recording one's daily work and by many it is very highly appreciated. It contains the usual obstet-

rical table, dose list, methods for relieving asphyxia, tables, etc., in addition to daily record of visits, obstetrical record, vaccination record, memoranda, etc.

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## *Editorial.*

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### THE NASHVILLE ACADEMY OF MEDICINE AND SURGERY.

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The Nashville Academy of Medicine and Surgery held its first meeting in its new quarters in the new Mill block, on Church street, adjoining the Theater Vendome, Thursday night, January 15th ult.

There was a large attendance of members and of visitors.

The new home of the society, located on the second floor of the building mentioned, consists of an apartment of convenient size and shape, which has been commodiously, attractively and handsomely furnished. The walls and ceilings are papered in an attractive design; the chairs are high-backed oaken ones of ornamental appearance, and besides the Secretary's desk in one corner, there are two oak tables, upon which those who so desire may take notes during discussions, or do writing, as the occasion may require, or inclination prompt. The President's chair, a very handsome and comfortable one, occupies a platform at one end of the room. The apartment is well lighted by gas, the brazen fixtures being, like all else in the room, quite attractive in pattern.

The President, Dr. James B. Stephens, called the Academy to order and delivered the opening address. He referred to the fact that for the first time the Academy occupied a room exclusively its own, and expressed the hope that this was an earnest of the time when they should move into a building of their own. He spoke of the good results which had already followed the organization of the Academy. The question would soon be, not who would, but who could, become members. Physicians could not afford to deprive themselves of the advantages offered by the reports of cases and discussions had at the Academy's meetings. "We want to enroll the name of every reputable physician in the city," said Dr. Stephens. He said that Nashville was as well supplied with good physicians and surgeons as any city of

its size in the country. Dr. Stephens said he wished the Academy to be a school for the practitioner. It now had a gynecological section, let it have a dental and a surgical and other sections as well.

Dr. W. D. Haggard gave a history of the Nashville Academy of Medicine. He said its progress was something to be justly proud of. Early in 1886 a few gentlemen made a canvass to see if a medical society could not be established on a permanent basis. He mentioned some of the causes which operated against previous movements of the same character. A meeting of physicians was called in April, 1886, an organization was formed, and Dr. J. W. Maddin was elected the first President of the Academy. Dr. J. D. Richardson was elected Vice-President and Dr. J. W. McAlister Secretary. The second year Dr. T. A. Atchison was elected President. The third year Dr. W. A. Atchison was elected President. For some cause during the summer of that year, Dr. Haggard said, interest flagged and members began to grow tired of the Association. The third meeting, after an adjournment had been taken for the summer because of small attendance, had only four members present. These four discussed the question of reviving an interest in the society, and one of them proposed that they pray over the matter. They did bow, while one of their members offered an eloquent prayer. These four men determined to revive an interest and to personally try to increase the attendance; the forward movement began and the Society had been prospering since that time, and would, Dr. Haggard believed, go on forever. He did not know whether the result was attributable to the prayer or not. The next year Dr. J. S. Cain was elected President, and the Society prospered as it had never done before. Dr. J. B. Stephens, the present incumbent, was next elected. This was the year of the meeting of the American Medical Association in which the physicians of the city took much interest and toward the entertainment of which it contributed much. They had a surplus of funds raised for this purpose left, which was voted to the Nashville Academy of Medicine and Surgery, and was devoted to the preparation of this its new home. He expressed the hope that the Society would be true to itself and to the profession, and would keep up the organization and bring every doctor in the city and county into its ranks, and invite visitors from a distance to make themselves at home at its headquarters. The Academy, he said, had practically unified the profession in Nashville and brought about a better state of feeling than

had ever existed before. The benefits to be derived from the Academy's meetings were eloquently discussed.

Dr. J. P. McFarland followed in a good speech on the subject of "The Medical Profession of Nashville—Its Standing at Home and Abroad." Nashville, from its geographical position, he said, was bound to be a great place and consequently full of great doctors. Tennessee touched more States than any State in the Union, and therefore had communication with more people. Talent from these States was attracted here.

Discussing doctors of an earlier day the speaker mentioned and paid high tributes to Drs. Paul F. Eve, Jennings, Buchanan, the two Winstons and Watson, and said that they were men of ability sufficient to give a reputation to any community, and Nashville doctors to-day had a big task to maintain the reputation they had made.

Dr. J. R. Harwell came next with a talk on "The Doctor—Who is He, Socially and Professionally?" His contact and observation of doctors, he said, had led him to believe that they were all men—men with the same aspirations, feelings, instincts and social nature as other men. He urged the value to a man of contact with other men, and thought sociability should be promoted among doctors. Doctors, he said, usually occupied a high place socially and were entitled to it. If any did not occupy such position it was probably his own fault. He would not be understood as saying that a doctor should be what is ordinarily known as a society man. He thought they should discourage as far as possible, the frivolities and dissipation of a fashionable life.

Dr. J. Y. Crawford was the next speaker. His subject was "Specialism in Medicine." Dr. Crawford held that specialism was an important element in achievement of great results in various departments of life, and that a proper specialization in medicine was particularly desirable.

Dr. J. S. Cain, who was down for an address on "The Quack Doctor," was at home sick and had sent a message to the Academy expressive of his disappointment at not being able to be present on this occasion.

Dr. Richard Douglas, who was on the programme for a paper on "Professional Jealousy," was also absent.

A portion of a highly scientific paper, "New Truths," prepared by Dr. G. C. Savage, who was unable to be present, was read by Dr. George H. Price.

The concluding paper was by Dr. J. R. Buist on the subject of "Koch's Discovery."

The paper was made the special order for discussion at the next meeting. It was a very full and exhaustive resume, in choice language and erudite thought of all that was known on this side the Atlantic of the great medical sensation. It showed great care in its preparation and was well received.

The meeting nights of the Academy were changed from the second and fourth Tuesday nights to the first and third Thursday nights each month. The gynecological section will meet on the second and fourth Thursdays, it is understood.

Dr. Winn, Dr. Roberts and Dr. Buist were appointed a committee to revise the constitution and by-laws.

Adjourned.

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## KOCH AND TUBERCULOSIS.

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The success of Koch's method of inoculation as a curative measure in tuberculosis is involved yet in doubt. The medical journals in this and other lands still teem with speculations, suggestions, clinical reports, etc., in regard to his method, but beyond what was stated in our January number, nothing can as yet be definitely stated. Associated Press dispatches have given what purported to be the composition and method of manufacture of the injecting fluid. But it is so vague and indefinite, so uncertain in its technique, that we can say nothing farther than that it is an attenuated culture of the tubercle bacillus in pure glycerine.

From an editorial in the *New York Medical Journal* of January 17th we make the following extract:

"But what our readers will regard as the most interesting part of Professor Koch's communication is that in which he gives some idea of the nature of the liquid. It seems that it consists of certain unknown substances extracted by means of a forty-or-fifty-per-cent. dilution of glycerine from a pure culture of the tubercle bacillus. He declares that the precise nature of the active principle is at present unknown to him, although some of its physical properties have been ascertained, such, for example, that it is not soluble in alcohol, but precipitable by that substance, although not in a pure state. The efficient principle seems to him to be an albuminoid derivative, but not

to belong to the so-called toxalbumins, from which it differs by withstanding high temperatures and by passing readily through the membrane of a dialyser. It is estimated to constitute less than one per cent. of the solution, and this leads Professor Koch to remark upon its extraordinary potency as a poisonous or therapeutic agent."

He brings up in support of his previous secrecy the argument that the less clinicians know of its composition, the more unbiased would they be in regard to their observations and report of its action. This is rather thin.

From the statements to be seen on this side of the big herring pond we are not sufficiently informed, and are not justified in offering its formula to our readers. This degree of secrecy which he has steadily maintained, does not presage well from the standpoint of regular medicine, as we have been taught. Jenner maintained no such secrecy—but at once gave to the world his observations, his methods and the results of vaccination. Will Koch be able to attain his degree of eminence, is a question yet to be determined? To our readers we must yet say *patience*—if there is good in it, the world *will* have it.

---

### • FROST-BITTEN WOODEN LEG.

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In a recent number of the *N. Y. Sun*, the following plagiarism is perpetrated, possibly by some enterprising space writer, but that the *Daily American* of this city in which the famous elixir of Brown-Sequard was so effectually lampooned, and its notoriety seeking disciples of the medical profession of this ilk brought to the blush of shame by this journal, not a year and a half ago, should have aided and abetted the literary piracy by reproducing it, is a little remarkable, and shows that its editorial manager has worked off an old chestnut on its readers.

"Yesterday afternoon a stout man with a wooden leg, stumped into a beer saloon in Park row and sat down. His artificial limb was of the plain, old-fashioned, broom handle style, and it had no ornamentation about it, unless a roll of rather dirty flannel wrapped around its lower end could be called an adornment. The man drew his chair close to the big stove, and, tenderly unwrapping the covering, he rested the extremity of his iron-shod leg on the bar around the fire. Then he leaned back in his seat and watched it. An expression of

# FRELIGH'S TABLETS,

(Cough and Constituent),

## For the Prevention and Cure of

# PULMONARY PHTHISIS

### FORMULÆ

#### COUGH TABLETS.

##### EACH TABLET CONTAINS.

Morph. Sulph. [1-50 gr.], Atropiæ Sulph. [1-500 gr.], Codeia 1-50 gr.], Antimony Tart. [1-25 gr.], Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox, and Lachesis, fractionally so arranged as to accomplish every indication in any form of cough.

#### Constituent Tablets.

##### EACH TABLET CONTAINS.

Arsenicum [1-50 gr.], Precipitate Carb. of Iron, Phos. Lime, Carb. Lime Silica, and the other ultimate constituents, according to physiological chemistry, [normally] in the human organism, together with Caraccas, Coca and Sugar.

### Price, Three Dollars Per Double Box.

Containing sufficient Tablets of each kind to last from one to three months according to the condition of the patient.

*A Connecticut physician writes:*

"I am now using your Tablets on a patient (young lady), who has had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morr. h., Syr. Hypophos. Co., etc., with no apparent benefit."

*A Virginia physician writes:*

"Enclosed find Postal Note for another double box Freligh's Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second, and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

*A Massachusetts physician, in practice 25 years, writes:*

"Send me two double boxes Freligh's Tablets. I have tried the sample box with most excellent results."

*A Michigan physician writes:*

"I am more than pleased with them. They have not disappointed me once. Dr. C. for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

### SPECIAL OFFER.

While the above formulæ have been in use, in private practice, over 30 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes, (retail price, Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card, letter-head, or some proof that the applicant is a physician in active practice, MUST accompany each application. Pamphlet, with full particulars, price-list, etc., on request.

## A PHOSPHORIZED CEREBRO-SPINANT.

(FRELIGH'S TONIC.)

Our Special Offer is still open, to send to any physician, on receipt of 25 cents, and his card or letter-head, half a dozen samples, delivered, charges prepaid. Each sample is sufficient to test it for a week in one case.

As we furnish no samples through the trade, wholesale or retail, for samples, directions, price lists, etc., address,

**I. O. WOODRUFF & CO.,**  
**MANUFACTURERS OF PHYSICIANS' SPECIALTIES,**  
 88 Maiden Lane, New York City.

# PHYSICAL EXHAUSTION.

## Horsford's Acid Phosphate.

It is a well known physiological fact that the phosphates are involved in all waste and repair, and are consumed with every effort. The quantity secreted by the kidneys is increased by labor of the muscles.

In the healthy organization the phosphate of lime exists in the muscles and bones. This phosphate is supplied by this preparation in such form as to be readily assimilated.

Dr. J. P. COWLES, Camden, Me. says: "I have used it in cases of physical debility arising from exhaustive habits or labors, with beneficial results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

**Rumford Chemical Works, Providence, R. I.**

**Beware of Substitutes and Imitations.**

CAUTION—Be sure the word "Horsford's" is printed on the label. All others are spurious. Never sold in bulk.

---

## **W. W. TAYLOR,**

**Manufacturer of and Dealer in**

# **SURGICAL INSTRUMENTS,** **AND**

## **APPARATUSES FOR DEFORMITIES.**

**Keeps on Hand**

**Surgical Instruments, Trusses, Shoulder Braces, Elastic  
Stockings, Abdominal Supporters, Crutches,  
Rubber Goods, and all Surgical Appliances.**

**—Surgical Instruments, Scissors and Razors Ground.—**

All kinds of Repairing and Polishing promptly attended to.  
Orders by mail given prompt attention.

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**-**

**NASHVILLE, TENN.**



pain was observable on his face, and the bartender asked him what was the matter with him.

'My toes are frozen, and I want to thaw them out,' he replied.

'Why,' said the bartender, 'you have a good thick-soled shoe over them. It ought to keep your foot warm.'

'It's not the natural foot that's hurting me,' said the man, impatiently, 'but the timber one. Oh, don't imagine that when a man's leg is taken off it doesn't have something for him to remember it by. I used to suffer terribly from chilblains on the foot that is gone, and I had a big, painful corn on my smallest toe. When the leg was amputated, ten years ago, I got some consolation from the expectation that these two plagues would go with it, anyhow. But every winter since that time the chilblain aches me as badly as ever, and each summer the corn pricks and burns as wicked as when I was wearing a tight shoe on my foot long ago. Explain it? I don't try to explain it. The worst of it is that I can't cut the corn nor dress the chilblain. So I just cool one and warm the other. Gimme a hot rum with a big dash of ginger in it.'"

---

### EXTRACTUM LUNARIUM LUCIDUM.

---

*To the Editor of The Southern Practitioner.*

MY DEAR SIR:—This wonderful discovery has proved to be a panacea for all the ills of both man and beast. It was discovered by the eminent and renowned Dr. Bucephalus Bolus, after much investigation, careful observation and a most happy experimentation. He is not desirous of with-holding so important a discovery from his brethren, and has requested me to state that it is prepared by the well known house of Yubadam & Co., of Pike County, and can be procured by physicians only. He farther states:

"I was given up by my medical friends to die, and was told that I had but a short time to live. In my distress I wandered off to the cliffs by the sea, intending to plunge headlong into its depths and put an end to my miserable existence, *cito, tuto*, if not *jucunde*, the weather being quite cold.

Summoning up all my courage I made the fearful leap, but I was not to die. The moon providentially came to my relief and caught me on her horns, as she was just rising out of the sea, and carried me up to the top of the cliff again. She gave me a piece of her cheese

and showed me how to make an extract of her *shine*, and how to use it, and assured me I would be well and young again.

I followed her directions and am now sound and well. For the benefit of humanity, I now offer it to the public with directions for its manufacture and use. It may soon be found in all respectable drug houses in the land. Beware of imitations. There is much spurious moonshine on the market. None genuine but that bearing my trade-mark. Thus ●, ☾; moon full, and in a *horn*. For further particulars you may address Dr. B. Bolus, care of Yubadam & Co., Chemical Laboratory, Pike County, or yours very truly,

Q. QUIGLY, A. Q., Q. D. S.

SLIP-UP, PIKE COUNTY, January 31, 1891.

THE NASHVILLE JOURNAL OF MEDICINE AND SURGERY.—Our venerable contemporary begins the new year from a new publishing house, and dances around merrily in its new Christmas clothes. Established forty years ago by one of the most graceful, fluent and correct medical writers of this grand country, we sincerely hope that its present editor and proprietor will not let it stray from the path on which it first set out.

We can most heartily congratulate our contemporary on its handsome and attractive appearance, but that is not to be wondered at when we see the name of John Rundle, Printer, on its cover page. The great Bowling often remarked that he was the best *medical* printer with whom he was ever in contact—and by the way, he was in at the birth of the SOUTHERN PRACTITIONER.

The subscription price has been reduced to \$1.00 per annum, but we are assured that the usual \$2.00 worth of medical journal shall be furnished.

Well! Well! Here's to you old friend and acquaintance of thirty years ago. Success to you, "and may you live long and prosper."

PONCA COMPOUND.—Mrs, M., age 26, married. Suffered an abortion at the twelfth week. There was severe hemorrhage and prostration. I gave ergot in half-dram doses every two hours. In six hours I returned and found the patient worse. I had six tablets of Ponca Compound in my case, and ordered one of these to be given every hour. The hemorrhage ceased in three hours and the patient made a good recovery.

WM. H. BASKETTE, M. D., Nashville, Tenn.

A CORRECT APPELLATION.—In looking over the list of permanent members in the *Journal of the American Medical Association*, the name of Nathan S. Davis, M. D., is the only one we could find bearing the date of membership 1847. Truly may he be called *the father* of the Association, and may his years be yet many in the land, that he may see the continued progress and prosperity of his now lusty child.

---

E. B. TREAT, Publisher, New York, has in press for early publication the ninth yearly issue of the "International Medical Annual."

Its corps of thirty-seven editors—specialists in their respective departments, comprising the brightest and best American, English and French authors—will vie with previous issues in making it even more popular and of more practical value to the medical profession.

We have the assurance of some of the best medical practitioners that the service rendered their profession by this Annual cannot be duplicated by any current annual or magazine, and that it is an absolute necessity to every physician who would keep abreast with the continuous progress of practical medical knowledge.

Its index of new remedies and dictionary of new treatment, epitomized in one ready reference volume at the low price of \$2.75, make it a desirable investment for the busy practitioner, student and chemist.

---

CAMPHO-PHENIQUE.—As day by day this valuable preparation grows in the knowledge of physicians and surgeons, so does it grow in their esteem. It has now testimonials of the highest character from those who have tried it, and is unquestionably one of the best surgical dressings ever offered to the profession.

Dr. M. D. Hoge, of Richmond, Va., says that it effectually dissolves and checks the extension of the diphtheretic membrane, and is easily applied without dilution.

---

MESSRS. RENZ & HENRY, Drug Importers of Louisville, Ky., (established in 1832) in our advertising pages offer some valuable preparations to our readers. Elixir of Three Chlorides is unquestionably a valuable alterative tonic as we know by trial in quite a number of cases. Their Bromole and Tribromophenol (a perfect substitute for iodoform), are well worthy a trial; and their solution of Tri-Iodides will prove valuable in the treatment of gout and rheumatism.

**MORGAN'S LIQUID HYPOPHOSPHITES.**—In calling the attention of physicians to this liquid preparation of the hypophosphites, it is claimed for it the advantage of being free from any of the carbohydrate sweets, rendering it acceptable to even the weakest stomach. It is considered by many physicians superior to any of the preparations containing sugar.

Their Quin Coca is a most valuable and nutritious tonic and nerve, containing not only quinine and coca, as its name implies, but also some of the aromatic tonics, among which are Gentian, Wild Cherry, Orange Peel, etc. It will be found to improve the appetite, promote assimilation and fortify the system, without the depressing after-effects so frequently found in alcoholic remedies.

---

**THE PATIENT'S RECORD** is a blank book compiled by Agnes S. Brennan for the use of physicians and nurses. It is ruled off into columns in which may be noted the date, time, temperature, pulse, respiration, medicine, nourishment, stimulants, state of urine, and remarks. A feature consists in the intercalation of slips upon which may be written. In the back part of the book are removable charts for physicians, upon which may be traced pulse and temperature curves as well as the respiration and amount of urine. It is altogether a compact, handy, and valuable auxiliary to treatment and should find its way into every sick-room in which any case requiring a nurse is situated. Messrs. G. P. Putnam's Sons, of New York, are the publishers of this record, which will no doubt meet with favor at the hands of the profession.

---

I HAVE used your 'Tongaline both in hospital and private practice, and with excellent results. JULIAN S. PATTERSON, M. D.,  
Assistant Resident Physician to the Baltimore University Hospital,  
Baltimore, Md.

---

W. C. JONES, M. D., Yorktown, Ill., says: Have found that S. H. Kennedy's Extract of *Pinus Canadensis* is a remedy of superior excellence in gonorrhea. It seems to be a true specific. I first used it in a case which had withstood the action of our most popular remedies. Immediate relief and cure followed from the local use of S. H. Kennedy's Extract of White *Pinus Canadensis*.

A FAVORITE PRESCRIPTION OF DR. WM. G. MOORE, Professor of the Principles and Practice of Medicine Beaumont Hospital Medical College, St. Louis.

R Katharmon ..... $\mathfrak{z}$ i.  
 Sat. Sol. Acid Boracic.....  
 Glycerine .....aa $\mathfrak{z}$ i.

M. Sig. A teaspoonful in a wineglassful of hot water as a gargle in ulcerative tonsillitis and pharyngeal catarrh.

ROBINSON'S HYPOPHOSPHITES.—The usefulness of good hypophosphites in pulmonary and strumous affections is generally agreed upon by the profession.

We commend to the notice of our readers the advertisement in this number. "Robinson's Hypophosphites" is an elegant and uniformly active preparation; the presence in it of quinine, strychnine, iron, etc., adding highly to its tonic value.

O'FALLON, MO., Jan. 5, 1891.

*Antikamnia Chemical Co., St. Louis, Mo.*

GENTLEMEN:—The Antikamnia came to hand all right. I use it to control the terrible pain of "la grippe," and it does even more than I could expect. I gave it in 5 gr. doses, rendering my patient perfectly quiet and easy, and procuring them a good night's rest.

Respectfully,

HY. LINDSAY, M. D.

KATHARMON is being rapidly and widely known as the new antiseptic. It is non-irritant, non-escharotic, prophylactic and germicidal, and will prove serviceable in catarrhal states of the nose, eye, ear, throat and bowels. Having tried it repeatedly in inflammatory conditions of throat we can unhesitatingly commend it to our readers.

I HAVE used Peacock's Bromides in my practice with great success, in convulsions in children when teething it acts like a charm. Used it in sick headache and it has given better satisfaction than anything that I have ever used.

W. R. HIX, M. D.

DON-JU-ANN, IND.

SANDER & SONS' Eucalypti Extract (Eucalyptol,)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

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# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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NASHVILLE, MARCH, 1891.

No. 3.

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## *Original Communications.*

FACULTY CHARGE TO THE GRADUATES OF THE  
MEDICAL AND DENTAL DEPARTMENTS OF  
THE UNIVERSITY OF TENNESSEE, 15TH  
ANNUAL COMMENCEMENT.

---

BY J. S. CAIN, M. D.,

*Professor of Principles and Practice of Medicine, Etc., Etc.*

---

*Ladies and Gentlemen, Graduates of the Medical and Dental  
Classes :*

To your flattering courtesy am I indebted for the unsought privilege of appearing before you this evening in delivering to you the faculty charge of our institution.

While this distinguished privilege was undesired by me for many reasons, I beg to assure you that the honor is none the less appreciated, and the pleasant and solemn duty is entered upon with none the less high estimate of the compliment which it conveys.

You are here, young gentlemen, upon one of the most important occasions of your existence. The portals of a great profes-

sion have this evening been thrown open to you. The doors now stand ajar, and you are upon the threshold of the calling which you have deliberately chosen as your life's labor in the great field of humanity.

You have passed the irksome and tedious periods of ordinary students' life, with its trials, vicissitudes and pleasures. You have stood the required examinations before those who have heretofore borne the relation of guides and teachers to you, and have been admitted to the honorable degree of Doctor in your respective departments of medicine and dentistry.

Looking upon the latter, as it is regarded by the American Medical Association as a department of medicine like surgery, ophthalmology, and other specialties, I shall, in what I have to say, draw no further distinction between you, but speak of the broad subject of medicine, and to you as physicians.

The instrument which you will bear away from here this evening as the evidence of your proficiency and the insignia of these honors, has been bestowed upon you by the President of our State University as the well-earned reward of your labors.

You have stepped forth to-day from the chrysalis stage of undeveloped students to the full-fledged and unquestioned estate of members of the great profession of medicine, the equals and peers, so far as legal authority can invest you, of any member of that profession. You are addressed this evening for the first time in your lives properly as doctors of medicine. The pleasure of this occasion, to which you have doubtless looked forward with years of painful anxiety and earnest solicitude, in its first fruition flushes the cheek and quickens the pulse, and the moment is one of forgetfulness of the past and oblivion to the future.

You who have for many months met in daily intercourse in the pursuit of that profession, and between whom naturally ties of friendship and affection have grown and strengthened, which will endure while life lasts, are now, as a body, face to face probably—yea, certainly—for the last time in life. Your respective paths will henceforth diverge as the years roll by, and the pleasant realities now drawing to a close "will pass into the vanish-



ing echoes of memory." Ere another sun shall rise and set most of you will be wending your ways to your homes in distant, different States, where, you are aware, loved ones with outstretched arms and affection's welcome, await your coming, and where "eyes will grow brighter when you come."

The congratulations of the occasion have been exchanged. The farewell words, with all their portent of solemn reflections and hopeful anticipations, have been pronounced in most eloquent and appropriate terms by one of your number.

And I stand before you as the representative of the Faculty which has conferred this degree upon you, to perform the last solemn duty of the occasion, to charge you in words of counsel, advice and encouragement, to wish you a God-blessing, and bid you go forth upon your mission with humility, hope and confidence.

Charges, words of parting, admonition and advice are as old as the instincts of humanity, and spring unbidden to the lips of those who are called to sunder the ties of association and affection. They seem most meet and proper when coming from parent, guardian or teacher, to those who, like yourselves, are going forth into new and untried fields of duty. Sacred and profane records furnish memorable examples all along through the world's history.

In that spirit come I to speak to you now, young doctors, as the representative of the Faculty, of which I am a member, and of the school, which you will henceforth look upon, I trust, with increasing pride as your Alma Mater.

I speak to you who have at this moment called a halt in life's onward march, and who now stand upon the great divide between two phases of existence, who have just completed your toilsome journey up the declivity of student life, received the awards of a work well performed, and as you pause, look hopefully forward over the inviting landscape which stretches out before you, rich in the scenes and garnished in the glories of the unborn future, and as the rising sun of youthful hope casts its roseate hue o'er hill and flowery vale, strive to peer beyond to where in the dim distance the azure-hued heights are crowned by fame's proud temple.

The incidents and adventures of one physician in the pursuit of his calling are very similar to those of every other, and should he, from the heights of age and experience, look back and scan his professional life with the eye of an artist, the journey and its environments would present the characteristics of an illustrated picture, and his professional career would partake of the nature of a grand panoramic view, with ever increasing interest, multiplying care and lessening attractions as stage after stage unfolded to his memory.

Such is the figurative journey which every medical man must pursue, and if he does not fall by the wayside, or become entrapped by some of the insidious snares which beset his pathway, he will finally attain its end, and look back and review the journey and his labors.

It matters but little whether the terminus of his career is upon the dizzy heights of fortune, adorned by grand achievements and attained by triumphal marches over opposing obstacles, or upon the less elevated heights and reached by the humbler and more circuitous course, and only indicating the end of an humble journey—a work faithfully concluded—if honest and true, having the fear of God and the love of his fellow-man at heart, he deserves to be crowned with honors greater than a monarch, for if the great hereafter holds in store rewards for human benefaction and for unselfish human charity, the faithful physician surely stands second to men of no other calling upon earth.

In casting about me for a subject or text upon which to base my few remarks this evening, which would be appropriate as a faculty charge to you, and at the same time possibly not devoid of interest to the ladies and gentlemen who have kindly favored us with their presence, I have selected as that subject, "The Incentives, Trials and Triumphs of the Young Physician."

I have selected this theme, believing that the physician and all that pertains to him is a subject of universal interest to the public. I am reminded, however, that the gender of the individual may be either the masculine or the feminine—possibly doubtful—but being thoroughly convicted to the opinion that the male sex is alone eligible and competent to undertake and

perform the onerous duties and labors of the physician, exacting, unfeminine, unsexing and repulsive as they must be to true femininity in their nature, I shall speak of the individual medicus as he: whether clad in trousers, petticoats or divided skirts.

He enters as an important factor into every family and every household, for disease has been universal and contingent to all since the first apple crop, and doubtless will continue to be to the end of time. All are subject to its ravages. It matters not what care or precaution may be exercised, sickness and death are liable to enter the best guarded portals, and whether confident or skeptical towards the healing art in health, when stricken by the heavy hand of disease, scorched by torturing fever, and racked by merciless pain, every individual instinctively turns to some one skilled above his fellows in the relief of human ills.

In times of disease and suffering the physician is turned to and relied upon as the only earthly power which promises relief. He becomes the custodian of the health, the life, the hopes and the happiness of those under his charge.

He is, by the requirements of his calling, admitted more than all others to the even unwhispered family secrets.

He carries the key to the closet in which is concealed the family skeleton.

He is the always-at-home friend; often the confidential advisor as well as the medical guide.

Then, his development and the formation of his character can but be a subject of vital interest to every one who has a health to preserve or a life to prolong.

Right here, begging pardon for the digression, I will ask, in view of the fact that every human being of every age and sex is individually interested in the development, learning and skill of all medical men, is it not strange—passing strange—to witness the antagonism which universally exists in legislative bodies against every measure which appears of interest to, or is desired by medical men of the better class? And why is it that a dozen quacks and malcontents can exercise more influence over a State Legislature than the entire medical association of that State can counteract?

We are expected—yea, required to be adepts in anatomy and surgery, which can only be acquired by long and careful dissections of the human frame, and are forced to testify before the courts of the country at a moment's notice upon these scientific subjects, and yet are denied, under the heaviest penalties, the poor privilege of possessing for that purpose the remains of the humblest pauper or the veriest criminal which fatten the worms of the potters' field.

We are expected to stand as guardians to the public health, as watchmen upon the advance line to detect and herald the approach of pests and epidemics, and, if need be, sacrifice our lives in the service; and yet an appropriation from the public treasury for sanitation, or to aid in carrying out these purposes is usually laughed at by the average legislator.

We are expected to maintain schools of medical learning, from which we derive little or no personal emolument, to serve the public with all that science and advanced progress can furnish, to be at hand in season and out of season as public servants, and yet when we ask that the marauding quack, the itinerant humbug, the ignorant pretender who fattens and flourishes upon the credulity and ignorance of the thoughtless public, and leaves the despoiled and ruined wrecks of his work to fill our alms houses and tax our charities, and who degrades by his assumption of title and avocation the fair name of physician, be either educated or reformed, silenced or driven from the country as a venal scourge, we are met by bitter opposition, and finally, if served with legislation at all, given it in laws such as exist upon the statutes of Tennessee, and nearly every other State which has legislated upon the subject, both inoperative and ineffective.

And now, to our subject. Let us, young gentlemen, upon this to you auspicious moment, look over the broad field of honorable medicine which you have entered and propose to occupy, and see if there exists sufficient incentives to stimulate you to exertion and labor. Are there yet avenues to be explored? Are there heights to be scaled? Is there a race to be run in which you can enter without money and without risk, and hope to win a princely stake? Are there yet grand, unexplored continents in medicine,

abounding in a wealth greater than the ivory, gold and diamonds of dark Africa, upon which the foot-prints of man have never made their impress, which invite you, Livingstone and Stanley like, to enter and explore? If so, will you hesitate? Will you stop and dally with the rabble at the trading posts on the border, or will you, like those explorers, boldly enter and search for the source of the Nile of science?

The means of exploration are at your command. The microscope, with its magic developing powers, will guide you deep down below the visual field of mortal eye, and will reveal to you the myriads of busy yet silent enemies, which, although so minute as for centuries to escape the most careful observation, are now known and may be seen and recognized by you, living their brief sphere, multiplying after their kind, and accomplishing their mission of evil to our race.

Astrology, by the position and arrangement of the stars at birth, claims the (to us) absurd power of forecasting individual destiny. But your power to read human fate through the instrumentality of the microscope, and to forecast life or death admits of no such doubt. The character and arrangement of the cell structure of a minute film of human tissue of infinitesimal thickness will afford you a chart from which you may determine the destiny of the individual—not with the uncertainty of a stellar horoscope, but with the certainty of unquestioned truth.

It will open up, and lay bare before you the occult field of histology, and you will view ultimate matter stripped perhaps of its beauty, but magnified in the wonder and admiration due the God who fashioned it.

Chemistry, with the power of resolving matter into its elements, and in detecting in the secretions and excretions from the human economy, constituents positively indicative of the presence or absence of disease, will lend its aid to your investigations. Your opportunities for acquiring accurate and concise knowledge of disease and its workings, with the improved means and facilities at your command (if you but know how to evoke the hidden secret), seem almost limitless; and yet reason and observation teach us that our powers of investigation are but in

their infancy, and that the ever widening field of research and improvement, opened up to you on this occasion, offer greater incentives, and promise grander rewards than at any former period in the world's history.

Will you enter the field of great incentives, or will you commit a too common blunder and consider that now, having accomplished the required curriculum of study, that your stock of knowledge is complete, and henceforth you will have nothing to do but to draw upon that limited capital. If the latter conclusion has been arrived at, the mistake will be fatal to your development and future ambition. The progressive profession of medicine, never stationary, will move forward, and you will stand not alone, it is true, but with the unnumbered and unhonored multitude which falls behind in the march of progress.

The profession of which you are now members is progressive, and as nature abhors a vacuum, so true medicine abhors statics. If content to stand you will retrograde; if you falter you are lost. It is a laborious and painstaking calling—one which will exact of you endurance, privation, untiring energy and unfaltering perseverance, for all of which, if you desire to win a name, to achieve a reputation, you should prepare, and, so prepared, move forward with unswerving purpose.

You are entering the profession at a most auspicious period in its history. The epochs of superstition and empiricism have passed. No longer do we chase a theoretic phantasy, or blindly grope for tracings and landmarks, but equipped with the theodolite and compass of science, with base line and bearings established and immutable as nature's laws, do we pursue our explorations.

Since that period in the dim gloaming of the world's history, when the first dawnings of the healing art were obscured by superstition and ignorance, when heathenish rites and incantations were deemed essential in the cure of disease, the profession has been struggling steadily upwards—towards a status of demonstrable laws and established science. This has not been the work of an age or century, and has not been accomplished by grand and sudden flights, but has been the achievement of

slow, plodding, untiring investigators, who have toiled while others slept.

Superstition and ignorance have ever been the enemies of progressive medicine, and disputed foot by foot its scientific progress, and have ever been ready to lay claim to its discoveries and usurp its rights.

Credulity, the love of notoriety, and a desire to lead in new departures, have furnished the soil in which to germinate, and cupidity, avarice and folly have warmed and cultivated into existence the various so-called new departures—pathies, faith cures, Christian science healing, and other off-shoots and excrescences claiming the prerogatives of the healing art.

Much of the accumulated knowledge of the profession has been the result of accidental discoveries and experimental individual research, and has not grown out of reasoning from effect to cause, nor possessed the facilities for demonstration—like facts in mathematics, philosophy or chemistry. But just now, more than at any former period, is medicine taking a stand as a veritable science, which will baffle the opposition of its enemies with the certainty of unquestioned law.

The stamping out from the catalogue of diseases, the once dreaded scourge, small pox, by Dr. Jenner's discovery of vaccination, is now no longer questioned.

The exclusion of disease-producing germs from wounds and surgical fields, as first promulgated by Dr. Lister, has forever banished the former risk from surgical procedures, and converted that department of medicine almost into a science of defined laws.

All portions of the human frame, including the brain—the very citadel of human life—heretofore deemed sacred from the profane touch of man, are now invaded and treated under the systems of asepsis and antisepsis without fear or hesitancy.

The poison of rabies, formerly consigning its victims to sure and torturing death, now, under the magic touch of Pasteur, is rendered as harmless as the sting of the bee.

Busy workers have long been laboring and demonstrating the causative agencies of disease. Germs peculiar to nearly every



character of human ill have been discovered and identified ; they have been removed from the human system, cultivated artificially through many generations of their brief existence, and the power of these cultures to reproduce disease identical with the original, has been established beyond controversy.

Experimental investigations have long been in progress to antagonize these agencies, with some demonstrated and much anticipated success.

Dr. Koch has already proved the existence of a bacillus, or germ, as the agent producing tubercular consumption, and his successes in the removal of the cause and the restoration of tuberculous subjects to health, gives us ample ground to hope that the world's great scourge, consumption, will ere long be limited, if not wholly checked, in its devastations.

These are but a part of the grand enterprises of the hour, in which you have to-day become active participants and competitors for the honors which await success.

Heretofore you have been recipients of the fruits of others' labors ; henceforth you are expected to be producers. You are to be fountains from which is to flow knowledge and amelioration of human suffering. The measure of your usefulness in the great field of medicine can alone be estimated by the benefactions which you will bestow upon your race and kind. No matter how exalted your aspirations may be, the field is open to you ; the contest is equal ; there is no royal road to the temple of knowledge ; the incentives and opportunities are yours, and success or failure stand and await your action.

Under the head of *trials* may be included the temptations and risks which confront the young doctor in his early bread-winning career, and which constitute largely the general make-up of the unpleasant phases of his professional life.

His early career, as I have already indicated, is not, under the most favorable auspices, "a primrose path of dalliance." Trials beset him from without and within the profession.

The elder brother, who has become established in practice, is apt to look upon him with suspicion, and to hold him at a distance until he has proved himself worthy to be taken into closer relationship.



The young graduate fresh from college, full of technical ideas and new-fangled theories, but defective in the experience and observation which make the proficient physician, is apt to regard the old doctor, who often knows but little of the fashionable fads of the schools, as an old foggy and fossil, and thus often grows up, from a misapprehension of the merits and motives of each other, the professional antagonisms of which young physicians complain.

While our profession, by the very nature of the calling, is a little jealous and intolerant towards each other where professional interests conflict, I unhesitatingly say, that physicians of the better class are the most magnanimous and unselfish among men, and, as an almost universal rule, where a young man has shown true merit and manhood, they stand ready to take him by the hand and to receive him into professional friendship.

The lesson which the young physician should draw from this is: by a strict, ethical, honorable and conscientious course and bearing, to win the confidence and esteem of all reputable physicians wherever he may make his home.

As an axiom, you may assert that the confidence and friendship of one established honorable doctor, wherever you may cast your lot, will be worth more to you than that of any other dozen men in the community.

Whatever temptation may appear to lead you to a different course, you may rest assured, that unless you obtain the confidence and esteem of your worthy professional brethren at home, you cannot enduringly maintain a reputable standing with a virtuous and intelligent public. A different course may for a time give a temporary success with the public, but will, when appreciated, isolate and estrange you from the profession, and degrade you into the lowest depths of a trade huckster for mere gain, without the confidence or respect of those who contribute to your support.

The failure to obtain at once the practice which you desire, and probably deserve, the loss of patients, the continuance of what is usually termed bad luck, the meddlesome interference of runners and drummers for competing doctors, and many other

incidental annoyances, must be accepted as unavoidable trials. But these trials often beget temptations. *Lex talionis* is a principle strongly implanted in the human disposition. Dogging your footsteps, decrying your merit, discouraging your few patients, belittling your skill and magnifying that of some competitor by meddlesome old ladies and interested drummers, which abound in nearly every neighborhood and work the racket for their favorite doctor, very naturally become annoying, and beget in the sufferer a disposition to retaliate in kind, and thus, most frequently, originate the bickerings and animosities which degrade the profession. These and many other annoyances must be accepted as incidental to your calling, and be met by a manly bearing and a faithful observance of every duty towards yourself, the profession and the public, and especially maintaining a conscience void of offence against God and man.

Again, the success of others, achieved by "ways that are dark and tricks that are vain," tempt many young doctors to commit blunders which cloud their entire after lives, of which may be mentioned advertising, boasting, pressing themselves conspicuously upon public notice, soliciting and engaging to practice by contract and at rates below the charges of other physicians, engineering and insinuating themselves into favor through church, political or fraternity influences, and begging practice upon the privileges which these associations afford, and many other similar practices, fit the man who can stoop so low as to engage in them, much better for manual labor in the broad corn and cotton fields of the South, or in the work shops of the North, than for the dignified and honorable profession of medicine.

And, now and then, one so far forgets the Hippocratic oath, which should rest upon every honorable physician, and the duty which every graduate owes to his alma mater, smarting, perhaps, under the sting of failure and conscious of a lack of merit to win an honorable career, degrades the diploma which was given him as a trust of honor, and embraces one or more of the empty pathies, in which, if he has impudence, cheek and style enough to captivate public credulity,—there being nothing else required—he always succeeds. This has often been done by regular gradu-

ates, and probably will continue to be. But I implore you, young men, in the name of honor and common decency, if you should ever arrive at a point where this course or starvation are the only alternatives, and you should choose the less honorable, degrade not the diploma which you receive this evening, but rather than prostitute the names and confidence of those who have conferred it upon you, tear it into shreds and consign it to the flames.

For all of these irregularities and many others embraced in "the black arts in medicine," a general guide and rule of action is to be found in the "American Code of Medical Ethics," which you would do well to procure and study; a better and simpler one, the divine command, "All things whatsoever you would that men should do to you, do ye even so to them."

Dangers will beset you, of both a moral and physical nature. Leaving the former to the minister and temperance lecturer, whom you would do well to heed, I will allude alone to the latter.

As you look over the great chart of duty which lies spread out before you, and scan each item to tax your endurance and to threaten your mental and physical capabilities, you will doubtless be mostly impressed with the physical fatigue—exposure to cold and darkness, and storms, and infection, which are to be encountered in the line of duty.

These, however, are not always the most trying incidents of your career. Greater far is the wear and anxiety to soul, as well as body, which you will be called to endure in your conflicts with disease and your struggles against the grim monster. The gloom of night, the peltings of the pitiless storm will often furnish a pleasing picture, into which you would gladly escape from your post of vigilance and responsibility around the bedside of some confiding friend or patron, whose life is slowly ebbing away under your consciously unavailing treatment.

While you occupy the physician's post, you cannot remain callous to the call of human sympathy and human anguish, and, however great may be the demands upon your time, each one will claim your ceaseless vigilance.

The wails of the afflicted, the groans of dying humanity, will pierce the most obdurate moral deafness, and will be your companions by day, and will oft haunt your troubled dreams as a sable-winged shadow by night.

The spontaneous outpourings of grief from the helpless heart of orphanage, and the piercing wail of despair from the riven soul of widowhood will be yours to hear, and will often furnish food for thought and for bitter retrospection. No responsibility can be shunned by you; no post of duty can be gone round; your place henceforth is with the stricken and afflicted—where disease holds its revels, and where death spreads its carnival, will be your posts of duty.

Ere the diploma which you receive this evening has grown old by a single year you may be called, in line of duty, to exercise the noblest acts of manly courage which adorn the human character. You may be summoned to face the dread insidious foe which lurks in pestilence and hides in epidemics, striking down with relentless force all who come within its reach, and against which no human science can avail, or human skill build a protecting wall.

Should such a cloud hover o'er your pathway, you cannot—dare not—skulk and hide, and would not flee like other men, but must bravely stand and meet the scourge, in dark and unequal contest.

“ There are nobler paths for man to tread  
Than course the war's ensanguined field—  
A braver man bends o'er the sufferer's bed  
Than comrades bring from battle on his shield.  
To bare the breast—to foeman giving blow for blow—  
Is manly, human, indigenous to dust;  
To stand defenceless 'gainst an unseen foe  
For strangers' sake, is worthy of the God we trust.”

And, lastly, do *triumphs* await the physician who has encountered all these obstacles? Are the rewards commensurate with the struggles? Does the same amount of energy, self-denial and intellectual capital pay as well in this as in other pursuits of life? I answer, No; unless the individual is content with a character of honor and emolument not relished by the majority of man-

kind, which is the case with most physicians who are in love with their profession and devoted to its advancement.

If he aspires to political or civic honors, his calling does not place him in line of promotion, and these honors are seldom showered upon him.

If he aspires to great wealth, and entertains a fondness for clipping coupons, handling stocks, "bulling and bearing markets," or, if his sensitive nerves are lulled by the music made by the jingle of the guinea, he is most likely to die with his ambition unattained and his nerves unsoothed.

If he aspires to literary distinction, and would have the world wave palms and sound pæans of rejoicing when he appears, he must turn his attention in some other channel than that of medical writing—else the world will accept his literature as grudgingly as it takes his physic.

But, if he aspires to the rewards which come from noble benefaction to his race—that nobility which is greater in the drying of a single tear than in causing seas of blood to flow—that glory which comes in the still small voice of grateful remembrance—the field is open and the harvest abundant.

But comparatively few physicians ever attain great worldly distinction. Occasionally an individual rises and towers above his fellows, like Mont Blanc among the humbler Swiss Alps, or shines with resplendant brilliancy, like a star of the first magnitude in an ordinary constellation.

You, young gentlemen, cannot reasonably aspire to these rare distinctions. And yet, even here there is room for hope and incentive for action. Dr. Jenner, by his observations amongst his humble patrons, wrought out his grand achievement.

Dr. McDowell, an humble village surgeon, was the pioneer in the grandest surgical achievement of all time.

Dr. Long, an humble Georgia doctor, was the first to lull the sensibilities under the torture of the surgeon's knife by anæsthesia.

Dr. Koch, the great central medical figure of the world at this time, and who wears the insignia of royalty, but a few years ago was an obscure doctor in the town of Wollstein, in his native Germany.

There is no decree of fortune which ordains that any of the young graduates who sit before me this evening shall not, with the same diligence and energy, which has characterized these gentlemen, achieve a like great destiny.

There are, however, assured avenues of distinction open to you who have now entered, and may maintain, a position in a great and honorable profession, with a guaranteed *entree* into the best society and amongst the best people wherever you may cast your lot, and have opened to you a field abounding in incentives and opportunities to make for yourselves names and records of enduring greatness.

And now, young gentlemen, you are at a point in life where the business of forming character and building destiny must begin. Whether you take position in the advance line of your profession or drop behind with the crowd, will, within the next few years, determine your professional destiny for all time. No great end was ever attained without an aim above the ordinary multitude. Then plant the mark of your destiny high, and with unswerving purpose march prudently forward, and you will attain the goal of your ambition.

I have endeavored to portray to you the rugged and toilsome career which lies before you, beset by disappointment and dangers to obstruct your journey and to threaten your defeat. And, on the other hand, I have pointed you to the slumbering shades, the purling streams and singing birds which will entice you with their fascinations away from the rugged path of duty and success. Be not deterred or lured away from duty's path, and be not discouraged by the oft-repeated assertion that the profession is already crowded, and the field already occupied with laborers. If there were no reapers there would likely be no harvests to garner. If there was no competition "there would be no incentive to labor, and triumph would be barren of its glory." Scout from your vocabulary the word fail, mount boldly the ladder of duty, and as you ascend, the crowd will grow thinner, and the crash of competition less, as round after round is attained.

In conclusion, I assure you that this school and its faculty will watch your progress with parental interest.

We recognize the fact that you are, professionally, the fruits of our labors, and the divine assurance that "the tree shall be known by its fruit."

Your triumphs will give us joy. Your failures will bring us grief.

Our hopes and prayers will ever mingle with yours for a full and perfect realization of your fondest ambition.

"Go forth to meet the shadowy future without fear and with manly hearts."

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## *Selections.*

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**CARLSBAD WATER AND THE SPRUDEL SALT.**—In the north-west corner of Bohemia, some two thousand feet above the level of the sea, there lies a little hill town that climbs up sharply rising terraces on both sides of a swift mountain stream that is called the Tepl.

It nestles from passing sight in the heart of great forests of pine and beech trees, and is full of legends of knights and ladies fair, that have been visitors to its valley for six hundred years or more.

With but 12,000 of its own residents, it has a population of 30,000 every summer, the others coming from all parts of the world to avail themselves of its wonderful waters, that are so gifted with healing power.

These springs of Carlsbad are now so well and widely known throughout the civilized world and have attained such a high reputation everywhere that any extended description is not needed, and if it were, may readily be obtained from better pens than mine.

This paper is intended to call the attention of the profession to a few case records that I have collected from the mass that has accumulated during thirty years of constant use of these waters and their salts for a variety of diseases.

There is nothing more certain than that to obtain the best results from the therapeutic use of medicinal waters, they must be

taken at the spot whence they emerge from the earth, where their administration can be controlled by the experience of resident physicians; and where Nature's forces of seclusion, rest and pure air are free to act as potent auxiliaries.

But for all the world, this is not possible ; and, were the good that is done every year by the waters of these famous fountains alone, confined to sufferers who are fortunate enough to reach their home, great as that aggregated number is, only a small part of the large army of invalids that blesses their healing powers would ever have heard of them.

After comparing the effects of Carlsbad waters at the springs with those obtained from the same when taken at home in America, I am convinced that the only loss they sustain in removal, is that they do not bring in their neat bottles, the air and regime of the Bohemian mountain spa.

So much of the latter as concerns exercise, at least, may be followed anywhere ; and I ventured to say a few words about that.

Free movement is one of the principle conditions necessary, particularly for those whose sickness was originally chiefly caused by a sedentary life. Suitable muscular activity is directed by the family physician, promotes the excretion of decomposition products accumulated in the body by prolonged inactivity. Exercise, such as walking, out-door games, etc., must be moderate and selected for each case, and may readily be overdone. But when the patient's condition demands rest and confinement to bed, the waters are still of equal value, only they must be given in smaller doses.

Diet should be restricted while they are being taken, to non-nitrogenous foods, its daily quantity lessened, and the use of alcoholic stimulants prohibited. If digestion is disturbed, little extract of malt may be administered with each meal. Diabetics, who are forbidden starches, will find an agreeable substitute for wheat bread in the almond bread of Professor Seegen, the formula for which is as follows :

Pound in a stone mortar four ounces of blanched Jordan almonds to a smooth powder. Put this in a linen bag and boil



for fifteen minutes. Mix thoroughly three ounces of butter and two eggs, add the yolks of two more eggs with a little salt and beat well. The whites of three more eggs, beaten to a stiff foam, are next to be beaten into the dough and when formed into biscuits, they are to be baked until well done in a slow oven.

Carlsbad waters are odorless, palatable, and free from color, with a faint saline taste, and never produce nausea. Even when taken in considerable quantities they produce no diarrhoea or feeling of discomfort. I once drank six tumblers within one hour without the slightest unpleasant effects.

They act directly upon the mucous membrane of the stomach and alimentary canal, and secondarily as a powerful alterative; soothing irritated surfaces reached and changing blood from acid to alkaline re-action. During this process all calculi of the former kind, whether biliary or cystic, are steadily dissolved, gouty concretions softened and placed in condition for absorption, and rheumatic deposits in muscles are removed. In diabetes mellitus Carlsbad waters have long been considered as exercising a powerful curative influence, and I have personally known of cures made at the springs where other forms of treatment have failed.

Since the use of these waters and the Sprudel salt that goes with them is, in America, mainly confined to these two forms of diseases, I shall cite only cases which are of one or the other class.

Case 1. A. B., physician, aged thirty-five years, of healthy parentage and a fine physique, had been systematically doing two men's work for several years in spite of all sort of protest from family and friends.

Some five years ago, present date 1890, he began to show signs of exhaustion and nervous tire, but still continued work of the most exposed character and fatiguing description until the spring of 1886, when he was persuaded to take a trip to Europe for rest. While in England he visited Brighton, where he remained for several weeks taking the waters and baths; was there attacked by nephritic colic attended with excruciating pains of the severest description, accompanied with passage of several small stones.

Four months after his return Dr. B. consulted me, and I at

once placed him upon Carlsbad water, as previously suggested, adding a prescription of my own which I have found to act well at a distance from the springs. It is hot, Carlsbad baths twice daily at a temperature of 150° F. for ten minutes each time. These baths are made by adding eight ounces of Sprudel salt to an ordinary bath-tub of water, gradually increasing temperature until the desired heat is reached, and should be taken night and morning. Another and effective way of giving these baths is by means of vapor. The patient, nude, except for a loose blanket covering stool and person to the neck, is seated on a perforated stool, under which a shallow pan of Carlsbad, previously saturated with Sprudel salt, is slowly boiled away. Profuse perspiration follows and a rapid absorption of elements of the water as they are in turn volatilised, complete vaporisation being insured by combustion of the dry residue left after water has disappeared.

After a month of this treatment, Dr. B. passed a large number of calculi per urethram, and drawings were made of two of the largest, which are here reproduced. All gouty symptoms



disappeared at the same time; a recent clinical examination showed him free from uric acid urine and calculi, and his general health improved after the course.

Case 2. Mrs. S., of middle age and healthy family. For several years she had suffered with gouty rheumatism and slowly increasing concretions in finger joints, which were steadily growing and causing loss of motion. She was at last attacked by arthritic neuralgia, for which she consulted me, and I found her system charged with uric acid.

I was unable to learn that any calculi had been voided, although all urine was loaded with brick dust and a copious deposit fell from a beaker full kept over night.

Mrs. S. was at once placed upon a course of Carlsbad water and a course of steam baths of Sprudel salt solution. Six tumblers of the water were ordered to be drunk each day with a twenty-minute bath morning and evening. Localized galvanism,

descending nerve current, was administered for her neuralgia, which soon subsided.

After forty baths, a distinct relaxation of solidity in the gouty concretions was noticed, and they began to disappear. The neuralgia was relieved after a week. In two months all joints were normal and clinical tests demonstrated absence of uric acid.

Baths were then abandoned and doses of Sprudel salt ordered occasionally to keep bowels soluble.

A year has now passed since treatment was finished, and Mrs. S. continues in good health.

Case 3. A. Y., man, aged forty-five, resident of Newport, R. I. Five years ago, contracted acute rheumatism from exposure, which finally became chronic from poor care and constant, necessary, hard work in a damp locality. Treatment was commenced a year ago, at which time the entire system was charged with uric acid. There were copious brick dust urinary deposits, concretions in finger joints, firm contraction of fore-arm muscles, "main-ewgriffe" and great weakness. In short, a more unpromising subject would be hard to find.

It was an evident fact that nothing could be done for the diseased condition until the man was placed in a more favorable environment, and by persistent effort he was secured admission into one of the charitable institutions of the State, where he was well fed and comfortably housed, with an opportunity for all needful medical care later.

When he began to grow stronger, and show some signs of desire to live, he was placed on the Carlsbad water cure, steam bath plan. For the first two weeks no water was given internally, and but one bath a day, with plentiful nourishment.

On the fifteenth day he was given four half pint tumblers of Carlsbad water at a temperature of 100° F., which being well born, were increased to six daily within another week, and the baths doubled.

Improvement followed the fourth week, and the water cure was suspended for a month, to allow nourishment to be pushed, when it was again resumed and continued for a month. With these intervals for rest, the Carlsbad treatment was followed for

a year, with the comfortable result of restoring Mr. Y. to such comparative health that he is able to do light work and be of some productive value to the world.

Case 4. Mr. G., aged fifty, independent gentleman, resident of Providence, consulted me in 1889 for gout of the sub-acute form.

Digestion had become seriously impaired, and pain of a nagging kind was scarcely ever absent from the legs and feet.

Fever ran quite high every night, and the urine was loaded with particles of gravel, none large enough to cause serious interference with micturition, but all, when placed under the microscope, of sufficient size and sharpness of angles to account for the irritation that was present in the urethra.

Mr. G. came to me to be treated for nervous exhaustion, but upon making the necessary examination I decided that the exhaustion was dependent entirely upon his gouty condition, and placed him under the treatment by Carlsbad water and the Sprudel bath. He was forbidden the use of wines and stimulating food, and given a sufficient quantity of the Sprudel salts each morning to insure a free evacuation of the bowels. No tonics were ordered, and he was directed to abstain from all exercise. This diet list was brought down to the simplest possible food, and his hours of eating changed from breakfast at eleven and dinner at eight, to those usually customary in America. After a week of this functional rest he was directed to take three tumblers of the water, slowly, at six o'clock, eight o'clock, and ten o'clock in the morning; at eleven a vapor bath was administered, and two hours rest followed, and a light breakfast of farinaceous food. A carriage drive of an hour or two occupied the greater part of the afternoon, and after a light nourishing dinner at six o'clock he was ordered to retire to bed and retain a recumbent posture until five the next morning; at that hour massage was administered thoroughly, followed by a tumbler of hot milk. This regime was continued for five weeks, at the expiration of which time a careful examination was made of blood and urine without finding any trace whatever of uric acid. His gout had disappeared, and the joints of the toes which had com-

menced to enlarge, became flexible, and began to diminish in size. He was then permitted to add to his diet list lean meat of any kind and claret wine. The one tonic employed was general faradization a half hour daily. His condition promptly improved, and in one year after the cessation of all treatment Mr. G. was in the most vigorous possible health, and made a long visit to Europe, whence he returned, I regret to say, in about the same condition as when he first consulted me, with the exception that there were then actual attacks of the gravel, and I found that he had passed two or three well-formed uric acid calculi. I placed him at once upon the same treatment as before, with the same gratifying result, and am under the impression that a repetition will be necessary as often as cure is attained. The case, however, is one which shows in the strongest possible light the remarkable and rapid gain in these conditions from the use of Carlsbad water and Sprudel salt.

Case 5. Mrs. E., aged thirty-seven, American, came to me in October of last year for a nervous trouble supposed to be reflex from irritated ovaries, and probably salpingitis. She was anæmic, nervous to a very high degree, with capricious appetite, and with all the secretions in an abnormal condition.

She had used opiates to a considerable degree, and was fast becoming addicted to its use.

A careful examination failed to reveal any great amount of trouble of the ovaries or tubes, and what was present was diagnosed as being of a reflex character, as well as all of her abdominal pains. A careful examination of the water showed a remarkable excess of uric acid, and was loaded down with brick dust deposit. A carefully selected diet, general faradization every day, taking away of all opiates, plenty of regular exercise, together with three goblets of Carlsbad water every day, supplemented with a dose of Sprudel salt every morning to keep the bowels soluble and regular, completed a perfect cure in three months time. She is now wholly well and hearty, and seven months pregnant.

It would not be difficult to multiply cases, but these five seem to me so fairly illustrative of the use and worth of these waters

when far from the place where bottled and so good a showing of my methods of using them in vapor, that I submit them without further remark.—*Wm. F. Hutchinson, M.D., of Providence, R. I., in New England Medical Monthly.*

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**VIRCHOW ON KOCH'S METHOD.**—The *Medical News* says: At the Berlin Medical Society, on January 7, Professor Virchow exhibited specimens from twenty-one patients, treated by Koch's method, who died before January 1. Since then six or seven more necropsies have been made by him, and specimens from these also shown. Of the former series, sixteen were cases of phthisis.

Professor Virchow illustrated the irritating effects of the fluid by a specimen of a brain removed from a child with tuberculous arachnitis, who died after four injections of the "lymph," amounting in all to two milligrammes. There was intense hyperæmia of the brain and pia mater, such as Professor Virchow had never before seen. The vessels of the pia were extremely engorged, and the brain-substance internally was of a dusky-red tint. The speaker could not see any signs of retrogressive metamorphosis of the tubercles. Acute hyperæmia and swelling were also seen in the internal organs of other cases. The walls of old cavities in the lungs showed unusual redness of the granulations, and recent hæmorrhages. In one case hæmoptysis from an old cavity was the immediate cause of death.

Virchow says there can be no doubt that in internal organs, acute inflammation and active proliferation are set up by injections of the fluid. These conditions are seen particularly in the edges of tuberculous ulcers, and in neighboring lymphatic glands, especially the bronchi and mesenteric glands. These glands swell to quite an unusual extent, and rapid proliferation of their cells in the interior takes place. The colorless elements of the blood are increased, and a condition of leucocytosis is established. In the larynx, even when the surfaces of ulcers become clean, swelling of the adjoining parts may be dangerously great. He showed a recent specimen in which erysipelatous-like œdema of the glottis, and a retro-pharyngeal phlegmon, had been produced.

The changes in the lungs consisted in caseous hepatization, of which an extreme example was shown.

This condition existed in five out of the sixteen cases of phthisis, associated with a special form of pneumonia, resembling the catarrhal type, but differing therefrom in the character of the secretion. The lungs in some places presented foci of softening, and even cavities, the results of acute inflammation caused by the injections of the "lymph."

*The most important effect observed, however, was an eruption of fresh crops of tubercles after the injections.* This occurred, especially, in the pleura, pericardium, and peritoneum, and Virchow says that in the case of these serous membranes, the statement that the substance of the tubercle is destroyed by the remedy, is not confirmed by his examinations; he adds, that if the effect of the remedy is to cause breaking down, the result would be to release the bacilli, and give rise to new foci of tuberculous disease in other parts of the body by infection with the products of disintegration. Virchow, therefore, urges the greatest caution in the use of the remedy. While admitting that in many cases the "lymph" may produce the effects claimed for it, he points out that this result is not constant, and he cites cases in which large masses of tubercle were entirely unaffected by injections. He also showed specimens in which perforation of the intestines had been caused by the treatment, and one case of tuberculosis of the larynx in which fresh and extremely intense eruptions of tubercles had taken place throughout the whole extent of the larynx and trachea.

*January 14.* Before the Berlin Medical Association to-day Professor Virchow resumed his lecture on the subject of cases which have resulted fatally after the inoculation of the Koch remedy. He said that he was not prejudiced against the remedy; he simply wished to give warning against its too general application. In the discussion which followed, Professors Frankel and Baginsky spoke in favor of Professor Virchow's contention, that tubercular disease was something transferred to sound organs by inoculation. Numerous patients in Vienna, after reading the views expressed by Professor Virchow, declined to submit to further treatment by the Koch remedy.—*American Lancet.*

RELATIONS OF VARIOLA TO VACCINE.—Researches made at the Vaccinal Institute in Geneva, show (*Boston Medical Journal*):

1. Variola is inoculable with certainty on the bovine species, when the operative method is such as it should be, and the virus is collected at the opportune moment.

2. The inoculation of small-pox to the heifer constitutes a precious source for re-enforcements of animal vaccina. This may be of great practical benefit, not only to the vaccinal institutes of Europe, but also to tropical countries, where small-pox is endemic, and where the generations of vaccine tend rapidly to deteriorate.

3. Small-pox inoculated in the heifer becomes transformed into vaccine in the course of several generations by transmission through this animal. Duality is thus disproved.

4. Our practical conclusions confirm the views enunciated by Dupaul, in 1863, to the Academy of Medicine of Paris.—*American Lancet*.

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THE MICROBE OF RHEUMATISM.—Dr. Bordas has given in *La Medicine moderne* the results of some of his researches in acute articular rheumatism, which in his opinion tend to show that the cause of that disease is a pathogenic micro-organism specific in character. He reports that he has been able to isolate and cultivate a microbe which, when injected into the carotid artery of a rabbit, engendered an inflammation of the endocardium with vegetation upon the valves. He believes that acute articular rheumatism with its complications will be proved to be a disease produced by microbes analogous to their production, for example, to the *Micrococcus pyogenes*, and he is convinced that the organism investigated by him will be found by others to be the specific germ of that disease. The investigation was conducted under the supervision of M. Germain See, and will undoubtedly stimulate parallel researches in other laboratories. These, if confirmatory, will be important as an advance, not only in ætiological, but in therapeutical results. It is only a year or two since the opprobrium was felt by nearly every thoughtful practitioner when the question arose how it was that quinine



cured malarial fever ; and now this reproach no longer rankles in the mind since the laboratory work of Laveran has shown that the micro-organism of malaria is destroyed by quinine in his test-experiments ; and thus the old answer of many "green-rooms," that quinine is competent to check malarial fevers by reason of the profound impression it makes upon nerve-centers, is done away with. The history of this reproach makes it possible that the alleged discovery of Bordas' may in the future be the means of explaining away that other enigma—why it is that salicylic acid and the salicylates are able to antagonize the rheumatic enemy in so large a proportion of cases.—*New York Medical Journal*.

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**CRAMP IN THE LEGS.**—Perhaps no minor affliction is more common or more annoying to the sufferer than is cramp in the legs, and yet it is very seldom that any attempt is made to remove it by remedial agents.

A few years since an old lady, in telling me of the ills from which she had suffered, finally came to cramp in the legs, and said : "Every night for more than twenty years I have been broken of my rest by terrible cramps in my legs, and during this time I have consulted dozens of doctors, but without getting the least relief from the cramps." I gave the lady a vial of the specific tincture of *viburnum prunifolium*, and directed her to take ten drops of it three times a day. In about one week she again called at my office, and told me that the cramps had entirely left her. From that time to this she has never been without her bottle of *viburnum*, and whenever she has felt the slightest return of her old enemy a few doses of the medicine have never failed to give her speedy relief.

This case is but a sample of more than one hundred similar cases which have come under my own personal observation. In their treatment *viburnum prunifolium* has been the only remedy used, and it has always given the same satisfactory results.

*Viburnum prunifolium* is one of the many remedies which clearly present the principles of specific medication. Cramp in the legs is a symptom of expression of a pathological condition.

*Viburnum prunifolium* opposes and removes this particular pathological condition, and it does it under all circumstances. Hence it is a true specific for this particular pathological condition, and it also demonstrates the truthfulness of the principle upon which specific medication is based, namely, that "the pathological condition being the same the drug action is always the same."—*Medical Summary*.

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**OXYGEN ADMINISTERED BY THE RECTUM AND BY SUBCUTANEOUS INJECTION.**—Dr. Francesco Valenzuela has written a paper for *El Siglo Médico* regarding his peculiar plan of employing oxygen by the rectum and hypodermically. An abstract of his paper appeared in the *Lancet* for January 3d. The new treatment has special reference to the relief of senile pneumonia. The writer was led to try this method by reason of his conviction that he had failed to get the desired results from the use of oxygen by inhalation, which failure he explains by the hypothesis that when dyspepsia exists the gas does not come into contact with a sufficiently large vascular area. In the course of his trial of oxygen enemata he found that dyspepsia was decidedly and permanently relieved. The ease with which the gas was absorbed by the intestines was remarkable. It was absorbed rapidly, almost as rapidly as by the lungs, and he found that he could administer four injections of the five quarts each in an hour. This suggestion opens a comparatively untried field or range of possibly useful therapeutics with oxygen and other gaseous bodies. Concerning Dr. Valenzuela's use of oxygen under the skin, the results were those of a cardiac stimulant, such as are at times desirable during the collapse that follows pneumonia and fevers of low type, cerebral congestion, and asphyxia. There was no calmative action or diminished frequency of the respirations. The arm was the part chosen for the injections, and the quantity of the gas introduced was from a pint to a quart. Cellular emphysema was, of course, produced, and a sensation of heat was complained of, but both conditions passed away within a few hours. In the employment of the gas in this manner the author believes that he obtained his best results when the gas

was in its nascent state. The *Lancet* criticises the paper for its omission to state the temperature of the gas as it was administered by Dr. Valenzuela, the earlier observations of Dr. B. W. Richardson having demonstrated the importance of having the injections warm.—*New York Medical Journal*.

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FOREIGN BODIES IN THE STOMACH.—Dr. E. Pesko, of New York ("Med. Rec."), reports a case in which a one-year-old child swallowed a screw one inch in length. The screw passed on into the stomach, and did not seem to be giving much trouble when the patient was first seen. To avoid both a laparotomy and the danger of internal perforation, the aid of the potato was invoked, in spite of the tender age of the patient and the fact that it had just been weaned from the breast. Potatoes were given in every form, and white bread dipped in milk, but no fluids. The child continued well. After the administration of a slight laxative, the screw was passed, enveloped in fæces. There was no apparent injury to the stomach, and no intestinal catarrh, and the child's general health remained unaffected. The interesting features of the case are the brilliant success of an unassuming remedy, and the fact that the patient was so young, and scarcely weaned. Pesko saw, in Albert's surgical clinic at Vienna, a boy six year's old, who, two years previously, had swallowed a nail, which at the time was removed by gastratomy, was brought there again with a nail in his stomach. This time the "potato cure," which had been introduced in the meantime, was used, with the result that on the ninth day the nail made its appearance per vias naturales. The procedure in its essence is an old "cure."—*Medical Standard*.

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KOCH'S METHOD is thus summarized in the *Provincial Medical Journal*: Are we yet in a position to appraise the new remedy for tuberculosis? There are certain facts which we do know. 1°. We are ignorant of what the virus is made of. Various surmises have been made as to its constitution, but these are misleading. 2°. We know that the leaders of the profession in all

civilized countries have made use of a secret remedy, thereby setting a most injurious precedent for the future. 3°. We know that Koch has manufactured a powerful poison—just as the pharmacist has manufactured poisons—and that this poison has a certain definite action. 4°. We know that it produces what we used to call fever, and that a classical “reaction” follows on its use. 5°. We know that the reaction does not occur in all cases, and that it also occurs in cases outside of tuberculosis. 6°. We know that the dosage, though small, has produced dangerous symptoms, and that death has resulted in certain cases from the use of the remedy; that symptoms have been aggravated in others. 7°. The recent address of Professor Gerhardt points out its contra-indications, and emphasizes in a marked manner the toxic nature of the virus. 8°. We know that it should not be used on any patient in the second or third stages of phthisis. 9. We know that no definite cure of consumption has resulted from its use.—*St. Louis Medical and Surgical Journal*.

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MURIATE OF AMMONIA IN PNEUMONITIS.—The utility of muriate of ammonium in pneumonitis is, we believe, both rationally and empirically demonstrated. That in all diseases in which there is a considerable inflammatory action there is an excess of fibrin in the blood, is, presumably, granted. No drug or chemical of a non-toxic character is so potential a defibrinator of the blood as muriate of ammonium. We believe, as the Germans, that if the fibrin of the blood be reduced to or below the normal quantity, there can be no further hepatization of the lung. Hence, one element of treatment to which other measures are secondary, is the administration of muriate of ammonia in pneumonitis.—*Indiana Medical Journal*.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald.

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Distilled Water..... 35 "	Salicylic Acid .....	1-4 "
Soluble Pancreatin 5 Grains.	Hydrochloric Acid .....	1-40 "

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It is pleasant to the Taste and  
acceptable to the most delicate Stomach.

IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

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The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

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## *Reviews and Book Notices*

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**THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY.** By R. A. WITTHAUS, A. M., M. D., Professor of Chemistry in the University of the City of New York; Professor of Chemistry and Toxicology in the University of Vermont; Member of the Chemical Societies of Paris and Berlin; of the American Chemical Society, etc., etc. 8 vo., cloth; pp. 528. Third edition. Wm. Wood & Co., 56 & 58 La Fayette Place, New York, N. Y., Publishers, 1890.

This manual having reached its third edition in the short space of seven years, is no little evidence of its popularity and hearty reception by students and teachers of medical chemistry. It contains as much as possible of those portions of special chemistry which are of direct interest to the practitioner of medicine, leaving out, so far as possible without detriment to a proper understanding of the subject, those portions which are solely of technical importance. The descriptions of processes of manufacture are therefore made quite brief, while classical physiology and the chemistry of hygiene, therapeutics and toxicology are fully and lucidly considered.

The arrangement and classification followed in previous editions have been continued.

Those portions of the work dealing with chemical physics and with mineral chemistry have been extended in the light of discoveries announced since the appearance of the second edition.

The orthography of certain words, as chlorin, chlorids, has been modified in accordance with the views expressed in the report of the committee of the Chemical Section of the American Association for the Advancement of Science (see Appendix A).

That portion of the work treating of the chemistry of the carbon compounds has been much extended and in great part rewritten. The prominence given to this branch of the subject the author believes to be justified, notwithstanding its intricacy and the consequent difficulty of teaching it satisfactorily to med-

ical students, by reason of the intimate connection of organic chemistry with physiology and with modern pharmacy, and the rapidly increasing use of complex organic products, natural and synthetic, as medicines.

**TEXT-BOOK OF COMPARATIVE PHYSIOLOGY FOR STUDENTS AND PRACTITIONERS OF COMPARATIVE (Veterinary) MEDICINE.** By **WESLEY MILLS, M. A., M. D., D. V. S.,** Professor of Physiology in the Faculty of Human Medicine and the Faculty of Comparative Medicine and Veterinary Science of McGill University, Montreal; Author of Text-book of Animal Physiology. 8 vo., cloth, with 476 illustrations; pp. 636. D. Appleton & Co., 1, 3 and 5 Bond St., New York, Publishers, 1890.

This work, written to meet the needs of veterinary students and practitioners, is much more comparative and specialized as regards the domestic animals than the original work on "Animal Physiology" by the same author. While he has availed himself of the good points contained in the larger work, the present one is not an abridgment of the former, but is specially prepared for the class of students and practitioners for whom it is intended.

The paper, binding and mechanical execution are first-class, as will be found in all publications from Appleton & Co.

**TEXT-BOOK OF HYGIENE.** A comprehensive treatise on the principles and practice of Preventive Medicine from an American standpoint. By **GEORGE H. ROHE, M. D.,** Professor of Obstetrics and Hygiene in the College of Physicians and Surgeons, Baltimore, Director of the Maryland Maternite; Member of the American Public Health Association, etc., etc. Second edition. Thoroughly revised and largely re-written, with many illustrations and valuable tables. 8 vo., cloth; pp. 421. Price, \$2.50. F. A. Davis, 1231 Filbert St., Philadelphia, Publisher, 1890.

Truly a most excellent and valuable work, comprising the accepted facts in regard to preventive medicine, clearly stated and well arranged. The author has placed within the reach of American students, practitioners and sanitary officers a trustworthy guide to the principles and practice of this most important department of medical science; and has compiled here the essential facts upon which the art of preserving health is based.



In this, the second edition, is incorporated the advances made in sanitary science since the first edition was issued, and additions will be found on nearly every page, while some of the chapters have been almost entirely re-written.

Dr. Albert L. Gihon, Med. Director U. S. N., revised the chapter on Naval Hygiene, and Dr. Walter Wyman, of the M. H. S., supplied the important chapter on Quarantine.

It is unquestionably a work that should be in the hands of every physician in the country, and medical students will find it a most excellent and valuable text-book.

**A HAND BOOK OF THE DISEASES OF THE EYE AND THEIR TREATMENT.** By Henry R. Swanzy, A. M., M. B., F, R. C. S. I.; Surgeon to the National Eye and Ear Infirmary; Ophthalmic Surgeon to the Adelaide Hospital, Dublin; Examiner in Ophthalmic Surgery to the Royal University of Ireland. Third edition, with illustrations, 8 vo. cloth, pp. 508. P. Blakiston, Son & Co., publishers, 1012 Walnut St., Philadelphia, 1890.

A full, clear and comprehensive statement of Eye Diseases and their treatment, practical and thorough, and we feel fully justified in commending it to our readers. It is written in a clear and forcible style, presenting in a condensed, yet comprehensive form, current and modern information that will prove alike beneficial to the student and general practitioner.

**THE LATIN GRAMMAR OF PHARMACY AND MEDICINE.** By D. H. Robinson, Ph. D., Professor of Latin Language and Literature, University of Kansas; with an introduction by L. E. Sayre, Ph. G., Professor of Pharmacy in, and Dean of Department of Pharmacy, University of Kansas. 8 vo. cloth, pp. 272. P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia, publishers, 1890.

This is a very excellently and well prepared work, but we doubt that it will ever become very popular, from the fact that medical and pharmaceutical students who are already proficient in Latin will not need it, and those who are not, will endeavor to slouch along without it.

It is to be regretted that the deficiency of a knowledge of the classics so common in professional men in this country should make the publication of such a work a possibility.

**BACTERIOLOGICAL TECHNOLOGY FOR PHYSICIANS.** By Dr. C. J. Salomonson. Authorized translation from the Second Revised Danish Edition, by William Trelease. 8 vo. cloth, pp. 162, with seventy-two figures in the text. Wm. Wood & Co., New York, N. Y., publishers; 1890.

This is a most excellent elementary treatise on a subject that in the last decade has loomed up into no inconsiderable degree of importance to medical men; and to those who wish to perfect themselves in this new and interesting field we can cordially commend this interesting and well prepared monograph.

**TWELVE LECTURES ON THE CENTRAL NERVOUS SYSTEM, FOR PHYSICIANS AND STUDENTS.** By Dr. Ludwig Edinger, Frankfort-on-the-Main. Second Revised Edition, with 133 illustrations; translated by Willis Hall Vittum, M. D., St. Paul, Minn., and edited by C. Eugene Riggs, A. M., M. D., Professor of Mental and Nervous Diseases in the University of Minnesota; Member of the American Neurological Association; etc., etc. 8 vo cloth, pp 230; price \$1.75. F. A. Davis, 1231 Filbert St., Philadelphia, Pa., Publisher; 1890.

To the neurologist, and all who are interested in the pathological conditions of the central nervous system, this series of twelve lectures are of no little value. Beginning with a review of the history and methods of investigating this important part of the nervous system, Dr. Edinger very fully considers the anatomical characteristics. The work of the translator, American Editor, and the Publisher, are all to be commended.

**QUIZ COMPEND NO. 7.** A compend of Gynæcology by Henry Morris, M. D., late Demonstrator of Obstetrics and Diseases of Women and Children in the Jefferson Medical College, Philadelphia; etc., etc.; with forty-five illustrations. 12 mo.; cloth, pp. 178. Price \$1.00. P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia, Publishers.

Quite a mass of condensed information is here found, well arranged, full and concise. Anyone cramming for an examination will find this little work a valuable aid; and for ready and quick reference it possesses peculiar features.

PHYSICIANS' LEISURE LIBRARY SERIES, AUSCULTATION AND PERCUSSION. By Frederick C. Shattuck, M. D.; Professor of Clinical Medicine in Harvard University; Visiting Physician to Massachusetts General Hospital; etc. 12 mo., paper; pp. 121; price 25 cents, in cloth 50 cents. Geo. S. Davis, Publisher, Detroit, Mich.: 1890.

A very correct yet concise statement of the acknowledged facts in regard to auscultation and percussion.

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### *Editorial.*

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#### SIXTEENTH ANNUAL COMMENCEMENT—MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVERSITY OF TENNESSEE.

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On the evening of February 24 the Masonic Theater was literally packed with a large, cultured and brilliant audience, the occasion being the annual Commencement of the above named departments of the State University.

The full Italian orchestra filled the music stall, and the stage was luxuriously beautiful with its wealth of palms and giant palmettos, its blooming azalias, its bank of rich cut flowers, arranged in appropriate gift designs, its table of golden medals and its gaily decorated basket of blue and red ribboned diplomas.

The members of the faculty and officers of the university were seated on the stage, together with many other prominent men of the State and city, among whom were Revs. Drs. R. Lin Cave and J. R. Winchester, Major Charles Vanderford, President J. H. Hancock, Adjutant-General Norman, General W. G. Brien, M. T. Bryan, Mayor Wm. Litterer, Recorder Bell, Superintendent Frank M. Smith, Judge Wm. B. Reese and several prominent members of the State Legislature.

Edgar A. Cowles, of Minnesota, delivered the dental salutatory. Mr. Cowles is an exceedingly eloquent and impressive speaker. His rendition of the sentiments usually expected upon occasions of this kind were especially striking and impressive.

Many expressions of regret greeted the announcement of the illness of T. J. Dodson, of Texas, the valedictorian of the Medical Depart-

ment, who was warmly praised as the most eloquent of speakers. General Wm. G. Brien read the address which he had prepared, and which contained many impressive reflections upon the dignity and responsibility of medicine as a calling.

Charles W. Dabney, Jr., President of the University, congratulated the faculty upon the continued excellent showing of the departments, and the graduates upon the auspicious ending of their student career. Assisted by Dr. Duncan Eve, attired in full evening dress, he conferred the diplomas upon the graduates, who filed across the stage to receive them, and presented a pleasing spectacle of promising young manhood.

It was not only the largest class in the history of the college, but every member of the faculty emphatically stated that its members were more earnest, zealous and better prepared than any that had yet passed from their tutelage. Fully a majority of the States of the Union were represented by the one hundred and twenty-three graduates, whose names are as follows:

Albridge, John W.....Kentucky.	Lee, Samuel P.....Arkansas.
Arnold, James G.....Tennessee.	Lewis, Oscar T.....Mississippi.
Atkinson, Ozias B.....Texas.	Lightfoot, John C.....Kentucky.
Atkinson, William H.....Texas.	Lillard, R. Q.....Tennessee.
Bainbridge, Edmund T.....Tennessee.	Littrell, Auguston R.....Kentucky.
Baldwin, William L.....Texas.	Loving, Joseph H.....Texas.
Bingham, Elijah F....North Carolina.	Lowery, M. J.....Mississippi.
Blanks, John Harrison.....Mississippi.	Madison, Pryor M.....Tennessee.
Blanton, Wm. T.....Mississippi.	Mason, J. H.....Tennessee.
Blewett, Means.....Mississippi.	McCracken, Joe Hill.....Texas.
Bogle, Sam Saffell.....Tennessee.	McCuistion, Watt G.....Texas.
Boroughs, William M.....Alabama.	McCorkle, John A.....Mississippi.
Brake, John W.....Tennessee.	McKeel, Franklin Polk.....Tennessee.
Brock, James L.....Texas.	McLeod, Gregor C.....Texas.
Brooke, W. Claude.....Mississippi.	Meyers, Horace M.....Tennessee.
Brown, Harry H.....Texas.	Miller, Hugh Robert.....Mississippi.
Campbell, Alexander M.....Texas.	Milwain, E. James.....Tennessee.
Cannon, John V.....Tennessee.	Molpas, James W.....Mississippi.
Carden, Lynn A.....Tennessee.	Moore, William Hughes.....Texas.
Carlton, B. H.....Texas.	Moore, W. M.....Arkansas.
Carter, Seaborn T.....Alabama.	Moore, William Robert.....Tennessee.
Casey, Thos. H.....Missouri.	Munger, Sylvester S.....Texas.
Catchings, S. McDowell....Mississippi.	Munson, Sidney F....North Carolina.
Cherry, John S.....Tennessee.	Neblett, Sterling E.....Tennessee.
Clack, John Morgan.....Tennessee.	Northcutt, Leon Blum.....Missouri.
Clark, Lee M.....Mississippi.	Nuckols, O. P.....Kentucky.

Collier, Egbert S.....	Texas.	Oliver, Manuel T.....	Tennessee.
Dodson, Thomas J.....	Texas.	Palmer, O. R.....	Alabama.
Dowdy, Robert Willborn....	Alabama.	Paris, W. J. J.....	Illinois.
Douglas, John C. ....	Tennessee.	Pennington, E. F.....	Pennsylvania.
Duncan, Leonidas L.....	Tennessee.	Poplin, Thomas Ivin.....	Tennessee.
Dye, L. Lee.....	Tennessee.	Ramsey, James A.....	Tennessee.
Dykes, J. P. H.....	Tennessee.	Reagor, Frank Berry.....	Tennessee.
East, Patterson, Jr.....	Tennessee.	Reynolds, T. C.....	Indian Territory.
Edgar, Frank S.....	Kentucky.	Roper, Jones R.....	Tennessee.
Edmons, S. Harris.....	Tennessee.	Seal, La Fayette.....	Tennessee.
Edwards, James Joseph A....	Missouri.	Selph, Duncen H.....	Tennessee.
Ferguson, Clarence N.....	Tennessee.	Sharp, John P.....	Texas.
Flowers, Dennis W .....	Tennessee.	Sidwell, John Epp.....	Tennessee.
Foster, J. M.....	Tennessee.	Smith, Charles F.....	Mississippi.
Fowler, Allen.....	Tennessee.	Smith, Jasper Newton.....	Tennessee.
Golson, Robert M.....	Alabama.	Sparks, Richard A.....	Missouri.
Graham, Endimiyon F. ....	Texas.	Stout, David R.....	Oregon.
Griffin, Alonzo P.....	Texas.	Sturtevant, F. S.....	Indian Territory.
Griffith, A. S.....	Illinois.	Summers, Frank R.....	Tennessee.
Hall, Dan S.....	Tennessee.	Thomas, John F.....	Alabama.
Hanley, Smith H.....	Georgia.	Toliver, John O.....	Texas.
Harper, Thomas Munsey....	Tennessee.	Tune, William E.....	Illinois.
Harrington, Wm. Robert....	Tennessee.	Turner, John Franklin.....	Tennessee.
Harrod, Rheubin Taylor.....	Arkansas.	Van Noy, John W.....	Texas.
Haynes, Ira J.....	Kentucky.	Watkins, Brittain O.....	Tennessee.
Hays, Leonidas H.....	Texas.	White, Otie R.....	Tennessee.
Herrington, J. Lawson.....	Texas.	White, S. M.....	Arkansas.
Hibbett, William E.....	Tennessee.	Whitsen, Payton R .....	Alabama.
Hicks, Robert A.. Jr.....	Tennessee.	Williams, Edward H.....	Mississippi.
Higginbotham, Wm. L.....	Texas.	Williams, J. Edward.....	Kentucky.
Johnson, Clarage E....	South Carolina.	Williams, Louis V.....	Mississippi.
Jones, Henry S .....	Kentucky.	Womack, James B.....	Tennessee.
Jones, Richard Morgan.....	Tennessee.	Womble, Worthy A.....	Georgia.
King, S. S.....	Indiana.	Zeigler, David S.....	Tennessee.
Kapp, A. B.....	Tennessee.	Culbraith, N. M. (Honorary).....	
Kincheloe, Enos E.....	Tennessee.	.....	North Carolina.

An intellectual feature of the evening was the charge to the graduates by Professor John S. Cain, M.D., who spoke at some length, delivering an address replete with wise counsel, interspersed with occasional sallies of humor, in a most charming manner. It is needless to say that it was well received by the appreciative audience, and we take pleasure in producing it in full in our "Original Department."

After the eloquent address of Dr. Cain, which was warmly applauded, Professor Duncan Eve, A.M., M.D., awarded the faculty

prizes in an eloquent and graceful manner to the following named gentlemen :

**MEDICAL.**

Paul F. Eve Faculty Medal—J. C. Lightfoot, Kentucky.

Faculty Second Honor—O. B. Atkinson, Texas.

Faculty Third Honor—W. E. Hibbett, Tennessee.

**DENTAL.**

Robert Russell Faculty Medal—E. F. Pennington, Pennsylvania.

Faculty Second Honor (Morrison Bros.)—C. F. Smith, Mississippi.

**HOSPITAL APPOINTMENT.**

J. H. Banks, Mississippi.

Quite a number of beautiful and tastefully arranged floral presents were handed from the stage to their appreciative recipients, testifying that the class of '90-91 had numerous friends among the better part of Nashville's population. Dr. Cain received his trio of handsome and fragrant testimonials with all the dignity, intermingled with the blushes "so becoming in the "sweet girl graduate." After the benediction, the audience was dismissed by Professor W. P. Jones, M.D., Faculty President.

The next course of instruction will begin Friday, September 2, 1891.

**OBITUARY—DR. JOHN P. McFARLAND.**

At a meeting of the Nashville Academy of Medicine, held at their hall Tuesday evening, February 17, to take action in regard to the death of Dr. John P. McFarland, which occurred at Lebanon, Tenn., on the day preceding, the Academy was called to order by Dr. James B. Stephens, President, who briefly stated the occasion and paid an eloquent tribute to the deceased.

Of the large attendance present, Drs. Haggard, Mitchell, Douglas, White and others in appropriate remarks gave evidence of the high esteem held for the deceased.

A committee being appointed by the President, submitted the following preamble and resolutions, which were unanimously adopted :

The life of Dr. John P. McFarland was eventful only so far as the daily discharge of the duties incident to the practice of his profession served to make it so. Born in Henry County, a little more than forty-five years ago, and deprived in early infancy of a father's care and counsel, he was in the best and truest sense a self-made man. Enabled to acquire only an ordinary English

# FRELIGH'S TABLETS,

(Cough and Constituent),

For the Prevention and Cure of

## PULMONARY PHTHISIS

FORMULÆ

### COUGH TABLETS.

EACH TABLET CONTAINS.

Morph. Sulph. [1-50 gr.], Atropiæ Sulph. [1-500 gr.], Codeia 1-50 gr., Antimony Tart. [1-25 gr.], Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox, and Lachesis, fractionally so arranged as to accomplish every indication in any form of cough.

### Constituent Tablets.

EACH TABLET CONTAINS.

Arsenicum [1-50 gr.], Precipitate Carb. of Iron, Phos. Lime, Carb. Lime Silica, and the other ultimate constituents, according to physiological chemistry, [normally] in the human organism together with Caraccas, Coca and Sugar.

**Price, Three Dollars Per Double Box.**

Containing sufficient Tablets of each kind to last from one to three months according to the condition of the patient.

*A Connecticut physician writes:*

"I am now using your Tablets on a patient (young lady), who has had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morrhu., Syr. Hypophos. Co., etc., with no apparent benefit."

*A Virginia physician writes:*

"Enclosed find Postal Note for another double box Freligh's Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second, and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

*A Massachusetts physician, in practice 25 years, writes:*

"Send me two double boxes Freligh's Tablets. I have tried the sample box with most excellent results."

*A Michigan physician writes:*

"I am more than pleased with them. They have not disappointed me once. Dr. C. for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

### SPECIAL OFFER.

While the above formulæ have been in use, in private practice, over 30 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes, (retail price, Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card, letter-head, or some proof that the applicant is a physician in active practice, MUST accompany each application. Pamphlet, with full particulars, price-list, etc., on request.

## A PHOSPHORIZED CEREBRO-SPINANT.

(FRELIGH'S TONIC.)

Our Special Offer is still open, to send to any physician, on receipt of 25 cents, and his card or letter-head, half a dozen samples, delivered, charges prepaid. Each sample is sufficient to test it for a week in one case.

As we furnish no samples through the trade, wholesale or retail, for samples, directions, price lists, etc., address,

**I. O. WOODRUFF & CO..**

**MANUFACTURERS OF PHYSICIANS' SPECIALTIES,**

**33 Maiden Lane, New York City.**

# PHYSICAL EXHAUSTION.

## Horsford's Acid Phosphate.

It is a well-known physiological fact that the phosphates are involved in all waste and repair, and are consumed with every effort. The quantity secreted by the kidneys is increased by labor of the muscles.

In the healthy organization the phosphate of lime exists in the muscles and bones. This phosphate is supplied by this preparation in such form as to be readily assimilated.

Dr. J. P. COWLES, Camden, Me. says: "I have used it in cases of physical debility arising from exhaustive habits or labors, with beneficial results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

**Rumford Chemical Works, Providence. R. I.**

**Beware of Substitutes and Imitations.**

CAUTION—Be sure the word "Horsford's" is printed on the label. All others are spurious. Never sold in bulk.

---

## **THEO. TAFFEL,**

**Manufacturer of and Dealer in**

## **SURGICAL INSTRUMENTS,**

**AND**

## **APPARATUSES FOR DEFORMITIES.**

**Keeps on Hand**

**Surgical Instruments, Trusses, Shoulder Braces, Elastic Stockings, Abdominal Supporters, Crutches, Rubber Goods, and all Surgical Appliances.**

**—Surgical Instruments, Scissors and Razors Ground.—**

All kinds of Repairing and Polishing promptly attended to.

Orders by mail given prompt attention.

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**-**

**NASHVILLE. TENN.**



education before the outbreak of civil war closed the doors of schools and stilled the arts of peace, he responded promptly to his country's call and faithfully followed its flag, as a private soldier, to the woeful ending. Hereditary and natural inclination combined to make him a physician; so that, when he found himself, at the close of the war between the States, dependent on his own exertions for a livelihood, his choice of a life career was made with no debate and almost without volition. After a preliminary course of study at Lebanon, under the tutelage of that eminent and beloved master, the late Dr. Edward Donoho, he attended his first course of lectures at the University of Nashville, and a summer and a winter course subsequently at Jefferson Medical College. Having been graduated by the latter institution in March, 1868, he at once engaged in the practice of his profession—first at Nashville, then at Lebanon, afterwards in Missouri, and finally in this city again. During all of this time, except when for a brief period the threatened breaking down of his health compelled him to seek relaxation in travel, he was actively engaged in the practice of his profession. Loving it as his chosen life-work, and revering it as one of the sublimest of human vocations, he brought to the discharge of his multifarious duties a mental equipment which at once compelled success. His mind was essentially and eminently analytical; his judgement acute and usually unerring—so that, while highly successful as a general practitioner, as a diagnostician he was probably unsurpassed by any man of his years in Tennessee.

It was necessary to know and to understand him to love him; and it is no mean tribute to his memory that they who knew him best loved him most. Those who penetrated the husk of an often ungentle and sometimes seemingly ungracious demeanor, found beneath the golden grain of a noble nature and a sterling soul.

It is manifestly impossible, in the necessarily conscribed limits of a paper of this nature, properly to put in words an adequate estimate of the character of Dr. McFarland. We knew him, and we loved him; he has left us, and we mourn him. His companionship was a perennial pleasure; his life, filled with kindly deeds and gentle ministration, is an object-lesson for us all; his memory among us will be a benediction.

Your committee, deeming it proper that this Academy, of which he was an honored member, should make a formal record of his death and offer a tribute to his memory, ask the adoption of the following:

*Resolved*, That we recognize in our late friend and associate, John Porter McFarland, M.D., a devoted, earnest, careful and accomplished physician, well endowed by nature, possessed of more than ordinary attainments, ambitious in his vocation, fortunate in his social relations, and zealous in the discharge of the arduous duties of his calling. Although not possessed of great physical strength, yet in his moral and professional constitution, and in his stand for truth and right, he always manifested the strength of a genuine and well-developed manhood, and his strict views of professional integrity always rejected any creed or practice that did not tend to the betterment of his fellow man. He was true to his friends, steadfast to the right, and an uncompromising foe of wrong.

" He was a man  
That lived up to the standard of his honor,  
And prized the jewel more than mines of wealth."

*Resolved*, That by the death of Dr. John P. McFarland the Nashville Academy of Medicine has lost one of its most efficient, earnest and honorable members, who, by his kind and courteous manner, his earnestness for the good of the profession and of mankind, has endeared himself to the entire membership.

*Resolved*, That we tender to his wife and family assurances of our sincere and profound sympathy.

*Resolved*, That this memorial be enrolled on our records, and that a copy be furnished the family, and also the medical journals of this city for publication.

DEERING J. ROBERTS, M.D.,  
J. D. PLUNKETT, M.D.,  
J. R. BUIST, M.D.,  
R. L. C. WHITE, M.D.,  
J. R. HARWELL, M.D.,  
W. D. HAGGARD, M.D.,

Committee.

—♦♦♦—

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION was organized on the 22d of January, 1891, at the Academy of Medicine, No. 17 West Forty-third street, New York, by the adoption of a constitution and by-laws, and the election of the following officers :

President, G. Betton Massey, M.D., Philadelphia ; Vice-Presidents, William James Morton, M.D., and Augustin H. Goelet, M.D., New York ; Secretary, William H. Walling, M.D., Philadelphia ; Treasurer, George H. Rohe, M.D., Baltimore.

The object of the Association, as stated in Article 2 of the Constitution, is "The cultivation and promotion of knowledge in whatever relates to the application of electricity in medicine or surgery."

The association starts with a strong and vigorous membership, and has every prospect of a most useful and successful career. The next meeting will be held in Philadelphia, in September, of this year.

—♦♦♦—

MESSRS. REED & CARNRICK, having thoroughly repaired and refitted their manufactory since their fire last year, are again prepared to supply all wants for their valuable preparations. Apply to them for pamphlets giving full description of their formulas and articles. Among their preparations we can most heartily commend, by reason of thorough trial, Locto preparata, Carnrick's Food, Cod Liver Oil and Milk, Zymocide, Sulpho-Calchine, and others.

**TENNESSEE STATE MEDICAL SOCIETY.**—The time for the annual meeting in this city (April 14, 15 and 16) is now close at hand, and it is earnestly hoped that every regular physician in the State who can possibly avail himself of the opportunity, will be on hand. From a note from the Secretary we learn that an unusually satisfactory meeting may be most confidently expected. The Nashville meetings have always been the most largely attended, and we sincerely hope that this will be the largest of any. The usual reduction of rates of transportation lines and hotels will be arranged, and as the arrangements have been placed in the hands of Dr. J. D. Plunkett, everything in that line will be attended to.

---

**KOCHINE-PASATOLOID.**—The latest intelligence is by no means so favorable as regards the injection of the as yet *secret* remedy for tuberculosis. In fact, many able and earnest observers are more than doubtful of any beneficial results. As authentic, our readers are referred to the extract from *The American Lancet* in our "Selections," giving the views of the greatest of living pathologists—Professor Virchow. Possible good may yet result indirectly if not otherwise, but at present it is well to yet "go slow."

---

**HABITUALLY MOIST FEET.**—This is found most frequently in such persons as live well and take little exercise. Also in young women of a somewhat nervous temperament, who indulge in the pernicious habit of frequent tea-drinking. Aside from its unpleasantness, the danger attending on wet feet is acknowledged, and it is also not rare for persons so affected to have their feet and legs icy cold for long periods of time. In the editor's experience, the best results of treatment have been obtained from the employment of foot-baths of a strong solution of Extract of *Pinus Canadensis* (Kennedy's) every night, and the use of powdered boracic acid, or salicylic acid mixed with lycopodium, oxide of zinc, or other inert powder, constantly applied inside the stockings.—*Dr. Jamison's Periscope in Edinburgh Med. Jour.*

---

**SANDER & SONS' Eucalypti Extract (Eucalyptol).**—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald.

**SUR. HYPOPHOS., FELLOWS,** (dispensed in bottles containing 20 oz. by weight, or about 15 oz. by measure). Mr. Fellows takes this opportunity to thank the profession for their increased recognition of his invention.

To the medical gentlemen who have kindly permitted the publication of their testimony in favor of his Hypophosphites, and who, by letter or otherwise, have expressed their disapproval of the fraudulent imitations, he is especially grateful.

With its increasing favor there has been a corresponding increase of imitations, and though this is a compliment in the sense that "only the best things are worth counterfeiting," yet Mr. Fellows would respectfully request the profession to guard against the misleading advertisements and fictitious compounds of notorious imitators.

**Safeguards against Substitution.** Fellows' Hypophosphites is dispensed in bottles containing 15 oz. by measure—the address, Fellows & Co., St. John, N. B., blown on—the name, J. I. Fellows, St. John, N. B., in watermark upon the yellow wrapper; it is hermetically corked, and sealed with crimson capping; is heavy, slightly alkaline, has a pleasantly bitter taste, and deposits a flocculent brown precipitate of Hypophosphite of Manganese when left undisturbed for forty-eight hours.

**Note.**—Though this precipitate mars the appearance, its presence has been found imperative to its full remedial effect.

James I. Fellows, Chemist, 48 Vesey St., New York.

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**DR. JAS. E. REEVES**, of Chattanooga, Tenn., is preparing the manuscript for a small volume, for early publication, entitled "A Handy Guide in Microscopical Technology, for the Use of Physicians and Surgeons." Such a volume will supply a long felt want, and Dr. Reeves is just the man to provide the volume.

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**THE MARCH COSMOPOLITAN** exhibits a table of contents made up to cover the widest possible field. The magazine is edited upon the principle of giving something that will interest every member or the family circle—the young woman as well as the philosopher. It opens with an exquisite frontispiece, a reproduction of a painting by Seifert Munich, purchased by the Cosmopolitan for use in this way.

WE have received a sample bottle of Morgan's Liquid Hypophosphites, and are very glad to direct the attention of our readers to the preparation. A glance at the formula, which is published on page 4A, will at once suggest its value, not only in the cases in which the Hypophosphites have been most used, in which it appears to be admirable, but also in all conditions dependent upon malnutrition and atonicity, and manifesting themselves in so many forms of nervous and tegumentary disorders. The manufacturers have a reputation on reliable products, their hypodermic and other tablets being very favorably known.

---

HAVING had experience with Peacock's Bromides, I can say that for a quieter in spinal difficulties, accompanied with brain troubles, it has, in my experience, become indispensable. It affords sure results with less secondary trouble, than any remedy that I have used.

F. A. Kitchen, M. D., Toledo, Ohio.

---

"I AM pleased to testify to the efficacy of Tongaline, as I prescribed it in several cases of severe neuralgic affections, and with most gratifying results."

R. J. Kembell, M. D., Buffalo, N. Y.

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#### CHRONIC LARYNGITIS.—

R S. H. Kennedy's Ext. Pinus Canadensis (dark)..... .1 oz.

Drosera Rotund. .... ½ oz.

Pure Glycerine.....4 oz.

M. Sig. 15 to 30 drops three or four times per day. Also, in nasal catarrh I think it almost a specific.

---

#### IN SORE MOUTHS OF NURSING WOMEN.—

R Katharmon.....f. ʒ ii.

Glycerini.....f. ʒ ii.

Aquæ Menth Pip.....f. ʒ ii.

Sig. Misce.

Use as a mouth wash two or three times a day.

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BROMIDIA is used more to-day than ever. It is reliable and never fails in its action.—*Canada Lancet*, January, 1891.

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# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,  
DEVOTED TO MEDICINE AND SURGERY  
SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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Vol. 13. NASHVILLE, APRIL, 1891. No. 4.

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## *Original Communications.*

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### VALEDICTORY ADDRESS

*At the last Annual Commencement of the Medical Department of  
the University of Tennessee, February 24, 1891.*

---

BY T. J. DODSON, M.D., OF TEXAS.

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This night terminates the relation of professor and pupil which has subsisted for years between the alumni here assembled and the faculty of the Medical Department of the University of Tennessee.

It is pleasing to remember that the medical class of 1890-91 is the largest that ever convened in our college, and I am persuaded that our instructors will bear willing testimony to the fact that our class has not been excelled by any of its predecessors in zeal, energy, talent and ability, and studious application, and in that gentlemanly bearing and courteous deportment which have ever been the pride and boast of the students of this institution. And it is not vanity, but truth, that compels me to say that the grade of scholarship of this class is as high as any that

ever won honors and rewards from the University of Tennessee. Our knowledge of human events informs us that we will all never meet again on earth ; and hence, at this moment, it will not be inappropriate to inquire what could be the cause of so many young men gathering here from every section of the Union — North, South, East, and West — and remaining for years engaged in laborious toil and subject to the deprivation of the society of home, and its genial and affectionate influences.

Human thought is not only valuable in *itself*, but is elevated or degraded by the *subject* that engages it ; and its influence upon the individual exercising it is elevated and refined or otherwise as the subject is worthy, noble, or the contrary.

It has passed into a proverb that “ the proper study of man is *man* ;” and the Greek adage, “ Gnothi Seauton,” survived the national existence of that people and its lingual life, and passed, by translation, into the speech of every civilized nation of the globe. Hence, the subject of our study, research, and investigation is Man — the noblest of all sublunary creatures, a being “ a little lower than the angels,” a dual nature, possessing an immortal soul blended temporarily with a mortal body, a child of time, an heir of eternity. As the poet says, “ An angel’s arm can’t snatch me from the grave ; legions of angels can’t confine me there.” God created man in His own image, in His own likeness, “ resembling the Infinite in every possible way for a being finite and created ; and, though at an immeasurable distance from the Infinite, he had knowledge, wisdom, and power, and therefore dominion over all that has been placed within the sphere of his influence.” An author has said : “ As he was intellectual and could know, as he was moral and could love, he had a sway which no other creature on earth could wield. With these forces combined, he came forth controlling all the resources of nature which were placed within his reach ; and, in possessing this spirit, he is regarded as the lord of this lower world and as a representative of Deity.”

He was the crowning glory of creation, and yet himself not all created at once ; for first appears his body, the perfection and archetype of vertebrate form. The painter never pictured upon



canvas, the sculptor never chiseled from marble, in the highest effort of creative genius, a model comparable to this in all its grace, symmetry, and beauty.

Yet, as inanimate clay, his body rested upon the earth; the noble brow white and cold as marble; "the human face divine" with no trace of thought or play of emotion upon its features; the imprisoning lids drooping upon rayless orbs; the sweet breath of Heaven not inflating the manly breast; the pulse standing still, the crimson current of life neglecting the beauteous system of veins and arteries; and this matchless form prone upon the ground in the midst of paradisian beauty and splendor. Then it was that "God breathed the breath of life into the nostrils of man," and he became a living soul; the heart bounded, the cheek suffused, the wondrous eyes disclosed their peerless beauty to heaven and earth, the bosom expanded with deep inspiration, the noble figure stood erect as a statue—the crowning glory of all animated nature, the wonder and admiration of heaven and earth.

Of this marvelously united psychical and material being Cicero says: "This animal—prescient, sagacious, complex, acute, full of memory, reason and counsel, which we call man, has been generated by the Supreme God in the most transcendent condition. For he is the only creature among all the races and descriptions of animated beings who is endued with superior reason and thought. The Deity was pleased to create and adorn man to be the chief and president of all terrestrial creatures. The human mind being derived from divine reason can be compared with nothing but the Deity himself."

Dr. William Frasier declares that man, made capable of looking to the "eternal and unseen," cherishes the distinctive idea of immortality. His intellect, with its power of comparing; his reason, with its grasp to generalize; his imagination, with its faculty to invest and combine; his conscience, with the recognition of right and wrong; his memory, with its power of reproducing the past; and his conceptions of responsibility, obligation, virtue and the sanctions of law, connect him with an economy utterly beyond the reach of the lower animals.

In his intellectual, moral and spiritual nature he is supernatural to all that is beneath and around him.

Yet, in this extraordinary being there are centered such opposite extremes! At once weak and strong, rational and foolish, august and abject, his nature "sullied and absorbed, but still divine;" "a pendulum between a smile and a tear;" doomed to sorrow, capable of felicity; suffering from all "the ills that flesh is heir to," and yet reluctant to surrender his terrestrial life.

This being, is the subject which engages our attention, awakens our interest, enlists our affections, excites our energies, and *controls* the selection of our profession.

But while the *contemplation* of a *noble theme* has the tendency to elevate the individual thus absorbed, yet such results will depend upon the *motive* which induced the action. Hence it is right to inquire of this motive. Our mission to man is to save, not to slay; to relieve, not to destroy, to heal, not to wound.

To do this requires the devotion and the courage which make heroes and martyrs.

Wherever and whenever a human being can suffer—wherever death is threatened, or disease prevails; wherever limbs can be broken and blood spilled; in the hovel and in the hospital; in the palace and upon the throne; on the land and on the sea; in times of peace and in war, we must ever be present administering alike to the rich and the poor, the great and the humble, the powerful and the weak—to youth, infancy and old age.

Battling hosts, armed with instruments of death and destruction, with colors flying and martial music filling the air, rush upon each other with savage fury, cutting, wounding and slaying—charmed by rattling musketry, belching cannon, clouds of smoke, houses toppling and burning, groans and screams of pain and anguish rending the air. In this scene of havoc and dismay the surgeon is present, and with ambulance and instruments and remedial agents caring for the wounded and the dying. And there he has erected his tent, or established his hospital, and from its summit floats a flag that announces his peaceful and benevolent mission.

Nations and rulers tear from the home and the fireside fathers,

husbands, sons and brothers, and oppress the people with burdens of taxes to purchase the latest and most-powerful means and appliances for wounding, crushing and destroying their fellow-men—even leaving the land and creating navies more dangerous and deadly than armies. There, too, will be found the surgeon and physician ; and while the vessels reel and rock upon the billows in the recoil of their own heavy ordnance, or in the shock received from that of their adversary, they heed not the danger and hear not the thunder of the artillery while they stay the flowing blood, bind up the fractured limbs or soothe the anguish and agony of the dying.

Or, if not thus occupied, you will find this friend of humanity in some doomed city where pestilence is in the air, where it rages night and day, where the people are terror-stricken, dismayed, appalled, while he, with calm courage, with ceaseless devotion, seems to forget that he is mortal, in his anxiety to save and relieve the suffering of his fellow-beings. Examples could be almost infinitely multiplied, but these are sufficient to show the *motive* and the *mission* which called these students to Nashville, attracted by the fame of the Medical Department of the University of Tennessee, and the reputation of its faculty. I cannot conclude without saying that all our hopes to find here the highest and broadest culture have been more than realized ; and that we have also been received with a hospitality by your good citizens that will for ever endear your metropolis to our hearts—the very presence of this splendid audience of learning, intelligence, grace and beauty which greets us here to-night intensifying our grateful feelings, and making spontaneous prayer rise to our lips for blessings upon Nashville and its noble people.

Then, to you and our faculty, to our fellow-students—to one and all—valedico ; and God be with you.

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SYCOSIS.---R. Iodoform, 4 parts ; lanolin, 30 parts. Leache recommends the above to be applied every night, and to be washed off in the morning with hot water.---*Journal Cutaneous and Venereal Diseases.*

## COCAINE IN URETHRAL SURGERY.

BY W. FRANK GLENN, M. D.,

*Professor of Genito-Urinary Diseases, Medical Department  
University of Tennessee.*

In December, 1886, I desired to introduce a bulbous bougie in a patient on whom I had cut a stricture three inches from the meatus; also enlarged the meatus. I prepared a fresh 8 per cent. solution of muriate of cocaine, and injected a small quantity (without measuring) into the urethra. Ten seconds had nearly passed when patient excitedly asked: "Will that put a man asleep?" I answered, no; that its effects were only local. By this time the patient was unconscious, muscles jerking, eyes rolling upward, mouth frothing, and every few seconds entirely ceasing to breathe. He was thoroughly and completely poisoned by the cocaine. It required the active work of three other physicians and myself one hour and fifteen minutes to prevent death. At last, however, he began to breathe naturally, and soon returned to consciousness without any ill effects whatever resulting therefrom. I there resolved to use cocaine (of any strength), no more on a recently cut or denuded urethra.

I have since had no unpleasant results until September 24, 1890. Seeing that Glück regarded a mixture of cocaine in a weak phenol solution as entirely void of any danger, I was again emboldened to try it in a urethra which had been incised at the meatus just forty-eight hours previous.

The solution was prepared after Glück's formula, with the exception that instead of adding ten grains of cocaine to the drachm, I only put two and one-half grains. I took a small quantity in a syringe and injected into the urethra, not holding it in, but allowing it to escape immediately. I turned to my instrument case, and immediately the patient raised up and asked, "What is this?" and fell back, going at once into the regular

cocaine spasms, from which, for twenty or thirty minutes, I feared he would lose his life. The symptoms were exactly those of my former patient, though not lasting so long. Being in my office alone, without help, one can well imagine my feelings. These two experiences, with one other, in which the effects were well marked, but not alarming, will cause me to be very careful in the use of cocaine on absorptive surfaces. In the mildest case of the three, the urethra had not been incised at any point, but was ulcerated, and bled upon the slightest touch with an instrument.

From the above cases I think I am warranted in drawing the following conclusions:

1. That cocaine is a most potent and wonderful local anodyne, but not void of danger.
2. That its use should be positively forbidden in the recently cut or denuded urethra.
3. That prepared after the manner of Glück (with phenol), it is equally unsafe to apply to an abraded urethra.
4. That the use of cocaine in the urethra is attended with more risk than when applied to any other part of the body.

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## MEMBRANOUS CROUP: TRACHEOTOMY, RECOVERY.

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BY C. C. MURPHREE, OF MANSFIELD, TEXAS.

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On December 8, 1890, I was called to see a little girl, Dolly Reece. On my arrival her parents stated that twenty-four hours prior she was suddenly attacked with croup. They had used ordinary domestic remedies without relief. I diagnosed the case as membranous croup, and prescribed hydrarg chlor. mitis, gr. ij. every hour, to be continued until free mercurial action of the bowels was obtained, as recommended by some of the best authorities. In the meantime dyspnea became urgent, when I gave sulp. cupri gr. jii. every twenty minutes until it produced free emesis, which seemed to afford great relief. The emetic was repeated from time to time according to urgency of symptoms.

After bowels had moved freely from action of mercury she seemed much better. The improvement, however, was deceptive, as she grew gradually worse until I considered her recovery hopeless.

This was the evening of the 10th, when her pulse was 150 per minute and face cyanosed. I hastily prepared for an operation, with the assistance of Drs. Fountain and Thomas. Patient being anesthetized, with shoulders elevated and head thrown back, I made an incision about two inches long almost to the sternum.

She had a short, fat neck, and I divided the subjacent structure on a director, using handle of scalpel frequently to avoid hemorrhage.

Just as I reached the trachea the child stopped breathing, and my assistants told me she was dead, as no pulse was perceptible. I incised the trachea, introduced tube, and with my mouth sucked out blood and mucus, had her inverted, and carried on artificial respiration as best I could in that position. As soon as natural respiration had begun I put her to bed and applied heat to back and extremities, giving hypodermatic injection of brandy and digitalis.

She soon rallied from the effects of operation, and in one-half hour from time of the same, sat up in bed and drank a glass of milk.

Keeping temperature of room at 80° by steam, she continued to improve, and on the tenth day I removed tube for a short time, repeating this every day until the fifteenth, when I removed the tube permanently.

She has made a complete recovery, and the incision in the trachea healed in a few days.

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DIARRHŒA IN CHILDHOOD—For a child one year old give:

R. Kennedy's Ext. Pinus Can. (dark).....3 drachms

Acid Nit. Mur.....5 dps.

Syr. Orange Peel q. s. ad.....2 oz.

M. Sig. Teaspoonful every two or three hours.

## *Selections.*

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**GLUTEN AS A FOOD.**—How little we realize the importance of the foods of our day! Count them and we find that we really have but one kind. Man lives on the vegetable kingdom. True enough, we eat, digest, and assimilate beef, pork, mutton, eggs, and a number more animal *structures*. But are they anything more than modified forms of vegetable life? Could any of them exist without the latter? The word *structures* has been used simply because it expresses the fundamental idea that the animal, man, dependent and living upon the vegetable, is nothing more than a rearrangement of the products of vegetable life. Yes, he modifies them, but he receives, and is glad to accept, and can also live upon the direct products of the plants.

Therefore our inventory of our stock of foods brings us to the products of the soil alone, and we find that our actual supply of food is very limited. In fact, the problem of economic and scientific ages has been and is: "Where is the future food to come from?" Already it has been estimated that a natural soil will inevitably become exhausted in 250 years. Need we follow this line of thought further to lead us to the fact that, if the soil supplies all our wants, it probably produces our necessities? If it produces the necessities of our physiological life, does it not likewise provide for our pathological conditions? Admitting this, does it not follow that different products have different purposes, and that in special modifications of the animal system special products of the vegetable are in demand?

Accordingly, it seems reasonable to presume that, for its purpose, the purer the product of the soil the more applicable, useful, and direct must be its action. These points have been advanced not only to call attention to the inestimable value of every true food in nature, but also to the idea that as there must be a purpose and place in the animal economy for each and every

food, so also must there be demands for the individual constituents of these foods.

The leading physiologists and physicians of to-day are clamoring, not for medicines or new chemical combinations, but for nature, dietetics, and proper food. Knowing as we do the importance of this subject, we welcome any addition to our bill of fare that brings evidence of its characteristics and value.

For centuries it has been known that man could live happily upon cereals alone, and it required but little thought to suspect that these very cereals, grain or flour, contained something that substituted the flesh diet of others.

In course of time chemistry developed technically what theory and reason had long supposed, that man obtained from cereals more or less of two kinds of food—a non-nitrogenous (also called starchy, or carbohydrate) and a nitrogenous (meaty, or albuminous).

Later—in fact, only about forty years ago—we were told that one of the greatest constituents of our vegetable food was gluten. Analysis showed that nature's store of this substance represented from 12 to even 20 per cent. of wheat, 12.6 of oats, 7 of barley, 6 of rice—in fact, that gluten, or some similar nitrogen equivalent, as legumin, vegetable fibrin, etc., is liberally distributed throughout our vegetable diet.

The physiologists promptly applied this discovery, and we were soon made aware that gluten was one of nature's best means of supplying to man the very elements and effects that he sought for and received from the albuminoids, or meats.

They tell us that it is the vegetable food that furnishes stimulation as well as heat, force and energy to the system. Furthermore, as deductions from these principles, they prove to us that this gluten, the nitrogenous food of the vegetable world, must inevitably be one of the greatest of foods that are the fuel for all motion, as also chemical action in animal bodies. It is unnecessary to specify proofs of the necessity of nitrogenous food.

The facts that every contraction of a muscle, beat of heart, expansion of lung, secretion and function of digestive fluids, conductivity of nerves, the processes of inflammation, yes, the



very vitality of every part of our living bodies, all require and use nitrogen—these are sufficient proofs of the value and need of the best and purest combination of this food element that nature can produce.

As stated above, these properties and values have been greatly accredited to gluten for many years. "The gluten of wheat," "the gluten of oats," "of corn," etc., have become familiar expressions. Likewise the uses of gluten have been specified and its successful application as a food have long since been pointed out.

No argument that we have seen has failed to direct attention to the fact that its greatest value for its purposes—"food for infants," "diabetics," "nervous debility," and the like—has depended on its "freedom from starch," the point being that in this condition it offered one of nature's simplest and purest forms of nitrogenous food. But what have been the facts?

One of the leading chemists (Ritthausen) has written: "Gluten is composed of . . . . , . . . . , . . . . , . . . . , and 12 to 16 per cent. of Starch"—certainly a strange chemical statement, but it nevertheless is an illustration of the explanation of the unsatisfactory results of many "glutens" of the market.

Naturally, the greatest expectation has been in the treatment of diabetics, but even these unfortunates have had to labor under a disadvantage, for recent analyses have shown that there was not a "diabetic food" in the market that did not contain *above* 30 per cent. of starch—in fact, so much of it that Dr. Harrington (chemist, Harvard) suggests that ordinary biscuits would be quite as good for this purpose.

Considering these claims for its value and usefulness, we have reason to be thankful that so pure and simple a gluten as *Poluboskos* has been placed upon the market.

We recognize *Poluboskos* as simply what it is claimed to be, "a pure gluten."

No better proof of its purity could be given than the analysis of Dr. Davenport, which shows that only four-tenths of 1 per cent. of it is starch.

A chemist's word gives us a technical story, and also a basis from which we may work out physiological action and facts.

The lines of use and application of gluten as a food have long been well established, and the following observations and experiences are corroborative of them. In other words, gluten—Poluboskos—is one of the few instances where practice is the greatest proof of theory.

We have all learned that the composition of our first food, the mother's milk, is largely nitrogenous matter; that the egg from which the young chick is developed contains abundance of this material, but merely a trace of carbohydrates; in fact, the laws of nature provide the beginnings of life with foods that produce muscle and strength rather than fat.

It is well known that prior to the third month of life the saliva does not contain ptyaline, the very essential agent that in later life starts the digestion of starchy foods.

Considering these two great evidences, do we need more proof to convince us that if infants needed a starchy diet it would not have been so decidedly opposed by nature? No; the too frequent blunder of "kind friends" in stuffing starchy concoctions down the helpless infant throat has been sufficiently discovered and abolished by the physicians of our day, and most of them are prepared to interdict all carbohydrate foods, or at least see to it that these constituents be so modified as to correspond to the small amount of lactine that is found in the mother's milk.

These are the leading reasons that have induced the theory that infants in need should be supplied with a nitrogenous rather than a starchy or even mixed diet. These are facts that have led physicians and mothers to long for something to supply the frequent deficiency of nature.

That nature could relieve this want has been believed, and experience is abundant to prove this to be true.

Such is theory.

But what is practice?

The writer's observation and experience with the Crystal Springs pure gluten food, "Poluboskos," has certainly conformed to the foregoing and all accepted theories on the subject of

nitrogenous foods. He has seen infants, weak and apparently exhausted from lack of food, stimulated and almost revived by its use. Where other foods have been rejected by the stomach, this (although dissolved in the same kind of milk that has previously been rejected) is easily retained.

No word of objection or criticism has come to him, and his experience thus far, and that of other physicians and friends, leads to the belief that in this product we have the nearest approach to a natural food for the waning energies of infants and their many ailments of digestion.

Again, older patients continually report its value and relief in cases of weak stomach, dyspepsia, anorexia, etc. Here again theory is sustained, for, regardless of its renovating and tonic effects, it is exceedingly easy of digestion. Observation has shown that this very ease of digestion has been the cause of its retention where other foods have been vomited. Of the many people that we have heard say, "Oh, I can't take milk; I either throw it up or it makes me bilious," I have not known an exception to the report that they are surprised that they can take so much milk with it and feel so well afterwards.

Certainly this is good proof of the well-established theory that "the gluten of vegetables is one of the most rapidly digestible of our foods," and makes its use in stomach disorders correspond in reason to the results of experience.

The use of nitrogenous diet for diabetes is so familiar that its desirability does not ever require a physician's recommendation. It is well known. The people know it, while the sufferers from this disease very early become accustomed to directing their own diet.

What has this been? Almost anything in the market. Even they have almost invariably applied for "gluten, gluten!" But what have they obtained? Many of them in their ambitious determination, having failed to procure their necessary food in this country, have resorted to importation for many years. And with what result? The best and purest obtainable contained from 12 to 30 per cent. of starch. Therefore it is not strange that these people and their advisers have been glad, as the writer

knows, to find that their own country and kind are capable of supplying their demands with a purer gluten than they had ever before known.

The writer realizes the frankness of these strong claims, but he also knows that he is dealing with a natural food that makes no claim of secrecy, and is as free to the reader in all its claims as is the beefsteak of the market; yet, while approving its claims, he would go further and say that, besides its usefulness in infant digestion and diabetic disorders, one of its greatest futures will be found in the treatment of nervous diseases.

The theory for this use is very evident. If a food can furnish energy and stimulate force production in the system, how can it do it but by toning up and strengthening the nerves themselves? What, then, must pure gluten be, if it is not one of nature's best nerve tonics?

To prove this, the writer has used Poluboskos in migraine, insomnia (due to nervous debility), in incontinence, and especially in spermatorrhœa, with results that give evidence that it is a nerve food, and that this nitrogenous, vegetable product has a place in the human economy that is not afforded to anything else within our knowledge.

It is not necessary to enter into a comparison of the various foods of the market, because we know of no other preparation, product, or compound that offers us 91 per cent. of nitrogenous food equivalent.

There seems to be every reason to believe that in Poluboskos we are possessed of one of nature's greatest secrets, and that its future place among the desirable foods of the table will be only another practical proof of its necessity in the feeding of diseased vitality.—C. P. Pengra, M. D., in *Journal of Balneology and Dietary*, February, 1891.

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NEW REMEDIES FOR WHOOPING-COUGH.—In the *Deutsche med. Wochenschrift*, January 19., 1891, Boas gives an interesting review of some new remedies for whooping-cough. Antipyrin was first used by Genser, who reported his experiences with 120

cases. The average duration of the disease was twenty-four days, as compared with the usual sixty to ninety days. Genser gave, as a dose, one and a half grains for each year of the child's age. Sonnenberger reported upon seventy cases. To young children he gave doses of from half of a grain to one and one-half grains three times a day; to older children, from two and a half grains to fifteen grains. He observed marked lessening of the severity of the attacks and shortening of the duration of the disease. Antipyrin is by no means always harmless, it appears, and there are a number of cases of poisoning from its use. Rothe, who has observed unfavorable results from the employment of antipyrin, uses a combination of tincture of iodine and carbolic acid, and proclaims its great advantages. Of a hundred cases upon this treatment he could recollect none in which the disease lasted longer than four weeks. He makes use of the following solution:

℞ Acidi carbol.....gr. iss  
 Alcoholis.....m iss  
 Tinct. iodi.....gtt x  
 Tinct. belladonnæ.....gtt xxx  
 Aq. menth.....f 3 ii  
 Syr. opiat\*.....m xv

M. To children over two years of age, a teaspoonful every two hours.

Antifebrin has also had advocates. The dose is from one-half to four and a half grains three times a day, according to the age of the child.

Heiman employed phenacetin in a case in which antipyrin had failed, and the result was so surprising that he employed it in two other cases. It diminished the number of the attacks from fifteen to three, and for a day at a time they ceased entirely, but returned at night if phenacetin was not given. The dose for a child three years old was one and a half grains three times a day.

Moncoroo, in 1885, was the first to recommend resorcin locally in whooping-cough. His results have been confirmed by others.

The fumes of sulphur have been recommended by Manby and

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\*Contains, according to Ewald, only about one and one-half hundredths of a grain of extract of opium.

Weissberger. The latter speaks enthusiastically of the remedy. He burns morning and evening 150 grains of sulphur and exposes the child for an hour to the vapor. The gas generated is not concentrated enough to more than provoke a slight irritation of the throat and nasal mucous membrane.

Stepp recommends bromoform, which is given in drop doses in water. A child three to four weeks old receives one drop three or four times a day, older children in proportion. One hundred cases are reported and no disagreeable symptoms have been observed. Recovery resulted in from two to four weeks. Care is required on account of the volatility of the bromoform, because it is easily decomposed. It should be kept in dark bottles. Löwenthal confirms Stepp's statements, and also reports 100 cases. The highest quantity taken (during the course of the disease) was five drachms, the lowest seventy-five minims; the separate doses were the same as those employed by Stepp. In a few cases Löwenthal observed weariness and sleepiness after giving the drug, and in one case, probably on account of too large a dose being given, poisoning occurred, but it was quickly overcome by stimulants.

Neumann reports that the bromoform has a favorable influence, but it does not shorten the attacks decidedly. Louis Fischer's experience with it has also been very favorable.

Schilling has experimented with chloroform water in the form of inhalations; a teaspoonful of warm water is put into the receptacle of the inhalation apparatus and chloroform added in drops according to the age of the patient. The sitting is ended as soon as the water, converted into steam by heat, has been used up. Four sittings are given a day. These inhalations act favorably upon the attacks and upon the duration of the disease.

Sixty-two cases are reported.

Manasse recommends, upon an experience with forty-one cases, terpin hydrate, which is administered according to the following formula:

R Terpin hydrat.....gr. viiss—xv  
In. pulv. No. x.

Sig. One powder three times a day.

Improvement is said to occur with certainty in four or five days. Manasse reports a favorable influence especially upon the bronchitis which is nearly always present. Digestion is in no way influenced by terpin hydrate, and it has no systemic action. Telamon recommends terpin hydrate with antipyrin:

Terpin hydrat.....gr. xv—xxiii  
 Antipyrin .....gr. xv  
 Syrupi aurantii cort.....f ʒ iss  
 Aq. Lilæ (Linden).....f ʒ ij

M. Sig. One to two coffeespoonsful several times a day for a child from one to four years old.

A very new remedy is ouabaine, an alkaloid obtained from a root used by the Somalis as an arrow poison. It is recommended in whooping-cough by Gammel. One twentieth of a miligram is the dose. The results obtained by its use thus far have not been brilliant.—*Philadelphia Medical and Surgical Reporter*.

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CLINICAL OBSERVATIONS ON SOME NEW PHARMACEUTICAL PREPARATIONS.—In a paper read before the Thirty-fourth Quarterly Meeting of the North Central Ohio Medical Society, held at Mansfield, Ohio, September 26, 1890. Dr. R. Harvey Reed, of Mansfield, says:

“Every age in medicine and surgery has had its fanatics, who seemed to live for little else excepting to ride some particular hobby to death; whilst, on the other hand, every age has had its old fogies who would rather perish than turn an inch to the right or left of the old time-worn rut of their forefathers.

The hundreds of worthless ‘new remedies’ that are placed before the profession for their patronage from year to year, is enough to disgust them with all new remedies. It seems to me that many of our manufacturing chemists spend the bulk of their time seeking for something that is *new*, regardless of its real merits or value.

If only they can strike the profession with a ‘new remedy’ of some description or other, they are perfectly happy.

But with all these criticisms we must admit there is now and then a new remedy comes to light which has real and lasting

merit, which in a degree atones for the defects of many of its worthless compeers."

Then after referring most favorably to the non-irritating preparation of cascara sagrada, prepared by Mr. J. LeRoy Webber, Ph. G., the author makes the following statement as to his experience with pancrobilin:

"In this direction, however, we have another 'new remedy' which has gradually engrafted itself into my good graces, which is becoming more and more permanent the longer I use it. This is what is known as 'pancrobilin' and it is a combination of pancreatin and bile, and placed upon the market in form of a liquid and a pill, of which two I consider the latter more preferable.

In cases where there is a diminished quantity, or even an absence, of these natural products, especially the bile, resulting in the distressing complication of intestinal or duodenal indigestion, I have found this preparation of decided value by assisting the intestinal digestion until the normal functions of the liver and pancreas, but especially the former, could be established.

In constipation attended with the flatulence, the result of an inactive liver, I have found this remedy of great value, promptly relieving the flatulence, and producing natural colored stools of a normal consistency, in place of the pale ash colored fæces, or the dry, hard scybala, of the chronic dyspeptic.

"After a careful trial of some three years in a variety of cases affected with constipation resulting from congestion of the liver, and in cases in which there is an atonic condition of the coats of the bowels resulting in intestinal indigestion, I am frank to say that I know of no two remedies that will give as prompt relief to these conditions as the ones under consideration.

"In the one class of cases the pancrobilin supplies the intestine with an artificial supply of bile and pancreatin, which digests the food that otherwise would not be digested, thus giving relief until the real difficulty with the liver can be overcome. In the other class of cases the cascara sagrada tones up the intestines, increases the secretions, which in turn facilitates digestion, and relieves the constipation."—*American Lancet*.



**RATIONAL ESTIMATE OF THE MEDICAL PROFESSION ON KOCH'S TREATMENT OF TUBERCULOSIS.**—The first excitement and enthusiasm attending the announcement of Koch's discovery are over. Nothing in all the history of medicine has equalled the furor with which this announcement was received everywhere, nor was ever before such indulgence shown to any professional man who had the hardihood to keep profoundly secret the composition and mode of preparation of a remedy of possibly unparalleled value. It was at first affirmed that in "Kochin" the profession had an infallible remedy for lupus and all external forms of tuberculosis, and an almost infallible remedy for phthisis in its earlier stages.

The experience of the past three months has greatly dampened these high expectations. The world was first startled by Virchow's communication which evidently drove Koch into making a partial disclosure of the composition of his "lymph;" then came unfavorable reports from hospitals where trials were being made of the remedy in various tuberculous affections.

With regard to lupus, not only have there been many cases of death reported, but those who have had the best opportunities for forming an unbiased judgment, are doubtful as to the permanence of cure in any one case. Take, for instance, the experience of Kaposi, as related at the meeting of the Imperial and Royal Society of Vienna, Jan. 16. Out of thirty-two patients affected with lupus, who had been the subjects of the new treatment, six were regarded as cured, but Kaposi stated that he had not much faith in the ultimate and permanent success of the injections. It must be borne in mind that the bacilli have an irritative or rather formative action; the lupus will be for the time arrested by the injections, then, as the bacilli remain in the tissues, it will break out again; new foci will form. This result had actually been witnessed in some of Kaposi's cases. "We turn," says Kaposi, "in a vicious circle. On the one hand we exercise a favorable action on the lupus by means of the injections; on the other the interruptions enable the lupus to continue its development, and as the bacilli cannot be evicted from their haunts, they may penetrate the lymphatics and provoke metas-

tases." He presented to the Society a patient who had been ameliorated by the treatment, then had presented new lupus lesions. The problem to solve, then, is to promote elimination in some other way, and the thermo-cautery, curette, and caustic, are likely to be just as indispensable in lupus as ever. At the same meeting, Bilroth made mention of two cases which exactly confirmed the conclusions of Kaposi. It must be remembered, moreover, as regards lupus, that this malady is prone to heal spontaneously, leaving no traces but a cicatrix, and yet assert itself again in the same spot, or elsewhere, after a more or less prolonged interval. In one case of lupus of the face, known to the writer, this interval was marked by months, and the recurrence established itself in the opposite side of the face, only to heal and break out anew at the seat of the original lesion. This alternating occurred several times before the ulceration assumed dangerously active proportions.

With regard to the dislodgement of the bacilli from their haunts, and their penetration to other parts under the influence of the injections, this danger seems confirmed by the observations of Liebinan at the Hospital of Trieste. In nine patients treated at this hospital by injections of Koch's liquid for pulmonary or articular tuberculosis, this writer has observed without a single exception the presence of tubercle bacilli in the blood. He affirms that comparative researches have assured him that the blood of tuberculous patients, who have not been subjected to Koch's treatment, never contains these bacilli. If these results should be confirmed by other observers, it will be a new fact in support of that "mobilization" of the bacilli, which, according to Virchow, injections of Koch's liquid may produce in the tuberculous.

But Virchow, who is becoming still more a resolute opponent of the treatment, has followed up his thirty or more post mortem observations published early in January by others, which go more and more to show the danger of the injections. At a recent meeting of the Medical Society of Berlin, he showed some anatomical specimens from the autopsy of a man aged 54 years, who had died at Charité Hospital from pleurisy with effusion, followed by an outbreak of military tubercles in the lungs, kid-

neys, spleen, liver; this outbreak was attended with intense fever, and was immediately consecutive to four injections of five milligrammes each of Kochin.

It is hardly too much to say that of all the cases of early phthisis which have been treated, there has not yet been a single case that can be pronounced as definitely cured. That marked improvement has apparently followed the injections in some cases, is of course admitted. Ewald, who has used these injections in 114 cases of early phthisis, and who is favorably disposed toward the treatment, insists that too much caution cannot be exercised in the choice of patients, and that death has undoubtedly, in many instances, followed the use of the remedy, where life might have been prolonged indefinitely, if reliance had been placed on other treatment. He points out the difficulty there is in deciding whether a given case of tuberculosis is benign or not; one cannot say what exactly exists in the lungs, and what effects will be produced. We should then, he says, before resorting to the Koch treatment, exercise toward our patients, the same reserve and suspension of judgment, a surgeon would manifest when about to perform a grave operation, the results of which are doubtful. He has, moreover, known cases which were apyretic before the treatment, and which, since the first injection have been attended with a continued fever, and aggravation of all the symptoms.—*Medical Age.*

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**TREATMENT OF CHRONIC BRIGHT'S DISEASE.**—The danger in Bright's disease comes from insufficiency of the renal secretion. This insufficient depuration of the blood by the kidneys leads to uræmia, which is the true danger. It is therefore necessary to make the patient urinate freely, but on condition of not over-exerting the kidneys. It is also necessary to sustain and stimulate the forces of the patient.

The aliment should contain very little albuminoid matter in proportion to fats and hydrocarbons. For the waste from the latter substances is not eliminated by the kidneys. All the substances which in these waste products contain nitrogenous products should be partaken of as little as possible.

Meat should be injected in very small quantities. Dark meat or high meats, being rich in albuminous waste products, should be strictly prohibited.

Milk, although rich in albuminoids, does not produce much waste material, for all its nitrogen is utilized. It is rich in fat. None of its principles appear to irritate the kidney. Moreover, it is diuretic. It, therefore, not only furnishes no material for the kidneys to eliminate, but by its diuretic power it helps to eliminate toxic principles already existing in the organism.

In the meantime most patients restricted to absolute milk diet become disgusted with it, refuse to submit to it, and later on finish by not being able to digest it any longer.

Moreover, there is an advantage in not limiting patients to milk alone; one should allow them vegetables, fresh and dried bread, farinaceous articles, all of which augment the proportions of hydro-carbons.

Again, individual predisposition must be considered in the choice of aliments. What benefits one might harm another. The products of bad digestion are rich in waste materials, which are liable to irritate the kidneys if they are eliminated completely, and which poison the organism if their elimination is insufficient.

The albumen ought to be measured day by day..

Eggs, especially the whites of eggs, increase albuminuria, and ought to be excluded from the diet of those suffering from Bright's disease. The same is true of certain salt water fish.

Diuresis is produced by alkaline waters and ptisans. But cardiac lesions, so frequent in Bright's disease, render necessary the use of cardiac remedies. In the first rank of the latter comes crystallized digitalin, in doses of from one to two milligrammes. It is prudent not to use this medicine two days in succession, but to interrupt it for several days, so that its elimination may be complete.

Caffeine is recommended in gramme doses, especially by way of injection. Salicylate of theobromine is less active, even in three gramme doses. Strophanthus and squill are to be rejected

on account of their irritating action on the kidneys. In the case of arterio-sclerosis, iodide of potash gives good results.

Revulsions over the lumbar region are very useful, especially in the period of renal congestion. Repose in bed, well covered, is to be recommended in preference to vapor baths, which might prove dangerous. Walking is not to be advised. It is rather harmful, though in a less degree than cold and moisture.

Senator, of Berlin, says: "I recognize the inability of medicine to combat albuminuria. Iodide of potash, though evidently without effect in parenchymatous nephritis, is perhaps very useful in the interstitial form coincident with sclerosis of the arteries, hypertrophy of the heart, etc." Here, evidently, the nephritis is secondary, and the iodide is able to cause the albuminuria to disappear, diminish the polyuria and secure prolonged remission. Semmola, Leyden and others are of this opinion. Milk is a good remedy in appropriate cases, especially in parenchymatous nephritis, where there is little thirst. It is, however, to be avoided in sclerosis with polydipsia.—*Lepine of Lyons, in La France Med.*

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**TRANSMISSION OF SYPHILIS FROM A SYPHILITIC AFTER SEVERAL YEARS.**—At the meeting of the French Society of Dermatology and Syphilography, July 10, 1890, M. Mauriac has reported a most interesting case in which a syphilitic husband infected his young wife four years and nine months after the *debut* of the primitive accident. The contamination was probably effected through the intermediary of small herpetiform lesions of the scrotum, to which the patient was subject. He also cited another case of a patient he had treated nine years previously for syphilis, and who presented no accident at the time of his marriage, yet, two months later, brought to him his wife suffering from specific accidents of the most characteristic nature, dating from his first relations with her. On this occasion Professor Fornier mentioned a case coming under his personal observation in which the patient, attacked with a benign syphilis and subjected to a careful and prolonged treatment, had married late. He presented for some time thereafter very minute lingual ero-

sions, scarcely visible or even perceptible, and having in no respect the appearance of mucous patches. Shortly after his marriage his wife was attacked with a labial chancre, which was followed by secondary accidents.

It is unnecessary to add that in all these cases the morality of the persons in question was entirely above suspicion, and it was impossible to resort to the hypothesis of a lover as the source of the contamination.

The conclusion to be drawn from these cases is that, long after the chancre, when, according to the ideas at present accepted, we ought to consider the syphilis non-contagious, one may still have superficial accidents of trifling appearance, analogous in their aspect, their situation, and their evolution to manifestations of the secondary stage, and also quite as dangerous, quite as contagious, as these manifestations.

These cases ought to be known, yet they are, nevertheless, profoundly perplexing to the practitioner. What response shall we make to syphilitics who come to inquire if they may marry after four or five years of the disease and even of treatment? Can we conscientiously affirm that they will not carry the least danger to their wives or to their children? And if, unfortunately, such an exception as we have pointed out should occur, should we assume the entire responsibility of such a disaster? On the other hand, have we the right to interdict every hope of marriage to a syphilitic? These are important questions, which have been many times discussed, but which new facts constantly coming change the solution, and which now again appear to enforce the necessity of a vigorous prophylaxis of syphilis.—*Dr. L. Brocq, Paris Cor. of Journal of Cutaneous and Venereal Diseases.*

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**ANTISEPTIC SURGERY.**—That there is a growing tendency in the profession to belittle antiseptic surgery cannot be denied. Those who are believers in the efficacy of this method will find much to sustain their beliefs in the results of the practice at St. Luke's Hospital, South Bethlehem, Pa. From a recent report, published in the *Medical News*, of one hundred single major

amputations performed at that hospital, we learn that there were only seven deaths, or a percentage of ninety-three recoveries. Two of the fatal cases were operated upon during shock, and the other five died from exhaustion, due to loss of blood which had previously taken place. The average number of days spent in the hospital by each patient was 22.6. In addition to these single amputations, there were ten double synchronous major amputations, with three deaths, and two triple ones with no deaths. If these results can be surpassed, or even equalled by any other method, we should be glad to have our attention called to the statistics.

The publication of these cases recalls to mind an address delivered some time ago by W. L. Estes, Surgeon of St. Luke's Hospital, South Bethlehem, in which he pays a most beautiful tribute to Lister, and to modern surgery as based on Lister's original method, although much modified. He says: "Lister's great innovation marked the beginning of life-saving in operations, and made possible operative procedures before this quite impossible and never attempted. What a grand monument would that be to the adaptive genius of the great Scottish surgeon, if all the human beings whose lives have been saved by methods suggested and made practicable by his discovery should bring one single stone of the cubic foot dimension, and with her or his name and the operation performed inscribed thereon, and add it to the pile which should rear its head far towards heaven to declare to all generations some meed of his greatness."

In another portion of this address, entitled "Medicine To-Day," Dr. Estes, in a very concise way, rehearses so well some of the results of antiseptic surgery, that we publish an extract in the "Miscellaneous" columns of the *Journal*.—*Brooklyn Med. Journal*.

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**A CAUTION IN DIAGNOSIS.**—Dr. James reports (*St. Louis Med. and Surg. Jour.*) the case of a girl, whose mother on examining her wash, discovered spots, which made her suspicious that all was not right. The girl freely admitted having suffered with a burning itching sensation attended with a profuse flow, but pro-



tested that she did not know what the mother meant by "connection with men." The family physician would have been certain "that the girl had gonorrhœa were the physical evidences not so strongly in favor of the fact that she had never been entered." The hymen was ruptured and almost absent, but the mother knew the causes of this condition, which had no weight with her. Another physician unhesitatingly declared the discharge gonorrhœal. The mother brought the daughter to Dr. James. The vagina was so small that he used a rectal speculum in examination. The labiæ were swollen and inflamed from constant scratching, the vulvo-vaginal walls were intensely congested and bathed everywhere with a muco-purulent discharge. The matter scraped from the mucous surface, examined under the microscope, was found full of trichomonas vaginalis and oidium albicans, either capable of setting up intense itching and producing under the mechanical irritation of scratching, all the phenomena described. After rinsing out the vaginal cavity the walls were found covered with the oidium albicans, from the diameter of a pin-head to that of a silver three cent piece. Dr. James on another occasion found oxyuris vermicularis present in a vaginal discharge superinduced by mechanical irritation and uncleanness. If the daughter had been frightened into accusing an innocent man, he could readily have been sent to the penitentiary on such evidence. This has more than once happened.—*Med. Standard.*

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ALCOHOL IN ERYSIPELAS.—In the Polish *Przegląd Lekarski*, 1890, IX 3, p. 792, Dr. Stembarth, of Cracow, Austrian Poland, emphatically recommends the treatment of erysipelas by means of freely painting the affected area and adjacent apparently healthy zone with absolute alcohol. The painting should be made with a brush or cotton wool swab and repeated every two or three hours. Of twelve consecutive cases treated by the author after this simple, easy, safe and highly efficacious method, eleven recovered in two or three days. The remaining case (that of an extensive puerperal erysipelas of the lower limbs and lower part of the body) was cured on the tenth day.—*St. Louis Medical and Surg. Journal.*



**TREATMENT OF CHOREA BY SALICYLATE OF SODIUM.**—Dresch considers chorea as a microbic infectious disease; and, working from this idea, he has treated the affection for the past six years with salicylate of sodium, which in his hands he asserts has given better results than the classic treatment. The salicylate produces sedation by acting upon the gray central matter of the bulb and medulla. It calms choreic movements in the same way as it quiets the pains of rheumatism; moreover, from its soluble properties, it has the advantage of eliminating organic waste-products, and of preventing the auto-intoxications which they can engender. It is necessary to employ it from the appearance of the first symptoms, and to give it in fractional doses in a slightly alkaline solution for a period of eight to ten days. He completes the treatment in the following way: During the first period, enforced rest in bed, in an airy chamber of mean temperature, darkened and free from noise, the diet consisting of milk and bouillon; in the beginning, free purgation with calomel; later, lavements of warm solution of borate of soda. At the end of ten to fifteen days, if there has been an amelioration in the symptoms, he returns to the usual diet; light, noise and movement can now be tolerated. Baths in tepid water, hydrotherapeutics and appropriate gymnastic exercises complete the cure.—*Annals. of Gyn. and Ped.*

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**MARIANI WINE.**—The official preparation of coca, the extraction erythroxyli fluidum, may be given in doses from ʒss - ʒii. The use of this preparation is not always satisfactory. After employing the remedy, the thought has been suggested that perhaps the nature of its composition did not tend to overcome the local sedative action of coca upon the mucous membrane of the stomach. A preparation made differently, containing more of an alcoholic principle, might, theoretically, overcome this difficulty. It is possible that the article familiarly known for many years as "Vin Mariani" has the requisite composition. It has been used, as noted in printed records, for disease of the mouth, throat,

stomach, general neurasthenia and pulmonary tuberculosis. Its use has been suggested in forms of cardiac disease. This note has been written to record the successful use of the preparation in cardiac irritability due to the irritation from the non-elimination of urinary products, as shown by diminution of urea. *The heart here is frequently in a condition of tremor cordis, and marked muscular debility often remains after the function of the kidneys has become more normal.* Mariani wine has in our experience proved most beneficial *in restoring and raising muscular force, and thus furnishing a better organ upon which other drugs may act more favorably.*—Henry Conkling, M. D., in *Brooklyn Med. Journal*.

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**PHENACETINE IN SCIATICA.**—Sciatica is not only one of those affections which are extremely annoying and painful to the patient, but on account of its persistency often greatly tries the patience of the physician. At the clinic of Prof. Landon Carter Gray most benefit has perhaps been obtained from phenacetine, given, say, in tablets of four to eight grains every three or four hours. There are a good many cases, however, which do not respond to it very markedly. Doubtless, too, there are many cases of sciatic neuritis, rheumatism, gout, etc., in which a diagnosis of sciatica is erroneously made; but perhaps more frequently sciatica is mistaken for one of these affections.—*Practice.*

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**THE TEN COMMANDMENTS OF ABDOMINAL SURGERY.**—1. The arrest of hæmorrhage. 2. The avoidance of mechanical irritation. 3. The guarding against infection. 4. The proper apposition of the edges of the wound. 5. The provision of necessary drainage. 6. To apply gentle pressure to prevent exudation. 7. To give perfect physiological rest. 8. To secure the best possible position of the parts to promote comfort and healing. 9. To provide for hygienic surroundings. 10. To attend to the patient's general health.—*Dr. Griffiths.*

WAYNE'S DIURETIC ELEXIR,\* the advertisement of which appears for the first time in this week's issue of the *Lancet-Clinic*, is an old and favorite remedy that has been in use in this city for a number of years, the formula of which was prepared by the late Prof. Wayne, who not only had superior skill as a pharmacist, but was quite familiar with the physiological effects of remedies. For the purpose of meeting a want for a pleasant and efficient diuretic, he made and dispensed this preparation on physicians' prescriptions. Among those who were familiar with it there has been a continuous demand. That many others may know of it, a company has been formed for its manufacture and sale.

The firm is reliable, the contents are not secret and the formula is on every bottle. Made in quantities and of selected drugs, it is to be depended upon for the purpose designed.—*Cin. Lancet-Clinic*.

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CHLOROFORM IN NEURALGIA.—Stedman has used deep injections of chloroform in eight cases of neuralgia. From one-half to one gramme (mvij to xv) were injected and procured relief lasting about twenty-four hours. No bad local effects, except slightly painful oedema, were noticed. In two cases a complete cure resulted.

The most rapid cure was obtained in a case of sciatica in which the chloroform injection was followed on the next day by an injection of one-sixth of a grain of morphine.—*Deut. Med. Zeit.*—*Wein Klin Woch.*

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APHRODISIAC EFFECT OF COCAINE.—Dr. A. P. Cornell, of Gravenharsh, Canada, reports (*Med. Brief.*) of a 16-year-old girl, in whom cocaine injections into the gums produced a paroxysm of intensely pleasurable erotic excitement, voluptuous attitudes and semi-delirious expressions of sexual pleasure. This is one of the many evidences of the medico-legal dangers of cocaine anæsthesia.—*Med. Standard*.

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\* See advertising page, 2 B.

**HERPES.**—Leloir claims (*Gaz. Hop.*) excellent results in abortive treatment of herpes from the local use of one part of resorcin or menthol to fifty of alcohol. If there were much pain, he used gauze steeped in the following solution and covered with an impermeable dressing: Alcohol, one hundred parts; cocaine hydrochlorate, one part; ex. cannab Ind., ten parts; mint essence, ten parts.—*Med. Standard.*

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**COLD IN THE HEAD.**—For cold in the head, while in the acute congestive stage, there is no better remedy than gelsemium. One good large dose, say ten minims of the fluid extract, taken upon going to bed, will effectually dispose of this troublesome and uncomfortable affection. One dose is usually sufficient.—*Medical Compend.*

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**ACETANILID IN CHANCROIDS.**—A Russian physician reports the successful use of acetanilid upon chancres both hard and soft. He says acetanilid is as serviceable as iodoform, and it is free from objectionable odor.—*Weekly Medical Review.*

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**ITCHING OF JAUNDICE.**—For the itching of jaundice, Prof. Da Costa advised sodii bromidum with antipyrin internally, with the following ointment externally:

R Menthol.....gr. xx.  
 Alcohol..... 1 oz.

M. Sig.: For local use.—*Weekly Medical Review.*

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**ECONOMICAL.**—*Sam Johnsing*—"I'se all right now. I'se gwinter git up."

*Mrs. Johnsing*—"What oat, you fool niggah? Jess you stay right dar in bed 'tel you has tuck all dis medsin what I dun paid a dollar fur. You tink I gwine hab it wasted?"—*Siftings.*

## *Editorial.*

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### TENNESSEE STATE MEDICAL SOCIETY.

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The fifty eighth annual meeting will be held in this city April 14th, 15th, and 16th inst. A one-third reduction of fare will be granted over the different railroads in the State, with the exception of the Nashville and Knoxville, which will give a one-half reduction. A certificate of purchase of full-fare ticket to the meeting must be secured from the railroad agent at the starting point of all railroads over which parties attending the meeting travel. This, when endorsed by the Secretary, will entitle the purchaser to procure a return ticket from Nashville at one-third fare. Be sure to secure a certificate at full fare to the meeting over *all* railroads you may travel on.

Hotel rates will be: At The Duncan, \$3 to \$5; Maxwell, \$2.50 to \$3; Nicholson, \$2; and at boarding-houses much less per day.

The papers to be read are as follows:

"President's Address—Topics of Import to the Profession and Public," by G. A. Baxter, M.D., President, Chattanooga.

"Report of the State Board of Medical Examiners," by T. J. Happel, M.D., Secretary and Treasurer of the Board, Trenton.

"Abscess," by T. J. Happel, M.D., Trenton.

"Medico-legal Aspect of Gun-shot Wounds," by S. S. Crockett, M.D., Nashville.

"Ovulation and Menstruation," by George R. West, M.D., Chattanooga.

"Microscopy and Gynæcology," by Henry Berlin, M.D., Chattanooga.

"Report of a Case of Vesico and Recto-Vaginal Fistula," by B. P. Key, M.D., Nashville.

"Preparatory Treatment of Parturient Women," by C. Beaumont, M.D., Clarksville.

"The Initial Lesion of Syphilis," by A. R. Ramsey, M.D., McMinnville.

"Posology," by W. M. Vertrees, M.D., Nashville.

"Cataract," by G. C. Savage, M.D., Nashville.

"The Treatment of Wounds of the Cranial Sinuses," by W. T. Briggs, M.D., Nashville.

"A Plea for Early Operative Interference in Ovarian Tumors," by J. H. Blanks, M.D., Nashville.

"Hygiene of the Respiratory Organs," by J. M. Masters, M.D., Knoxville.

"The Treatment of Pneumonia; the Past and Present Methods; Has the Rate of Mortality Been Changed?" by Thomas M. Woodson, M.D., Gallatin.

"Phthisis Pulmonalis, with Special Reference to Prophylaxis," by J. R. Buist, M.D., Nashville.

"Contusion of the Brain," by J. B. Murfree, Murfreesboro.

"Cancrum Oris," by J. B. F. Dice, M.D., Morristown.

"La Grippe," by J. R. Harwell, M.D., Nashville.

"Differential Diagnosis of Organized Deposits, with Special Reference to Epithelia," by William Krauss, M.D., Memphis.

"Therapeutics of Nasal Diseases," by C. F. McGahan, M.D., Chattanooga.

"The Anatomy and Pathology of the Ileo-cæcal Region," by Richard Douglas, M.D., Nashville.

"Report of a Case of Severe Gun-shot Wound of the Eye; Recovery," by J. G. Sinclair, M.D., Nashville.

"Chronic Endo-metritis," by J. S. Cain, M.D., Nashville.

"Post-nasal Catarrh, Acute and Chronic, and Its Relation to Health," by T. E. Edwards, M.D., Memphis.

"Pathology of Bright's Disease," by G. W. Moody, M.D., Shelbyville.

"Retention of the Placenta of Miscarriage—How Shall We Treat Such Cases?" by A. J. Swaney, M.D., Gallatin.

"Some Observations on Typhoid Fever," by S. H. Toy, M.D., Johnson City.

"Cerebro-spinal Meningitis," by R. T. Bush, M.D., Gallatin.

A paper (the title of which is not yet learned) by W. A. H. Coop, M.D., Dyersburg. Volunteer papers in order.

The Committee of Arrangements, of which Dr. J. D. Plunkett, of Nashville, is Chairman, will leave nothing undone that will add to the success and interest of the meeting.

KOCH'S FLUID—PARATOLOID.

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In our selections in this number we give the views of several careful and earnest observers in regard to the above fluid, which has attracted so much attention during the past few months.

P. A. Surgeon J. J. Kinyoun, of the M. H. S., under detail from this Bureau to study the methods of Professor Koch in the Hygienic Institute of the Berlin University, transmits the following from Berlin, of date February 14th ult., which appeared in the *Abstract of Sanitary Reports* of the M. H. Bureau of March 6th.

"So far no definite conclusion can be reached in regard to the curative properties of the Koch lymph, but certainly there has been a marked improvement in some of the cases. This has not been the rule in all. I think it safe to assert that the reason why so disastrous results have ensued in quite a number of cases has been rather the fault of the diagnostician than because of the remedy used.

"So far I have not been convinced that death has been caused by the lymph injections when used in the first stage of the disease, but, at the same time, it cannot be denied that disastrous results have followed its use when administered in the second and third stages. In regard to the histological changes occurring as the result of the treatment, I hope to furnish you an account at an early date."

A small supply of the fluid has been received in this city, and has been tried by Dr. Brower, Superintendent in the City Hospital, with the following results up to March 20th ult.:

"The first case tried was Mary Bailey, a colored girl ten years of age, suffering with scrofula. She had a good physical constitution, but had inherited the disease from her father, who died three years ago of consumption. She was taken to the hospital February 28th with a scrofulous enlargement on the right side of the neck, with a hard tumor of decided resistance. An injection of lymph was made March 1st, of proper dilution, and one injection had been made daily since with no consequent headache, loss of appetite, or bad symptoms. The second injection caused the temperature to rise to  $101^{\circ}$ , and it reached the same height March 7th, when an increased quantity of lymph was injected, and at present 2 c. c. causes little or no reaction. The first change noted in the glandular enlargement was softening about the fifth injection. Para passu with softening absorption took place, until now the enlargement is not more than half its original size.

“The second case was Willie Moss, colored, aged eighteen, one of a scrofulous family, suffering with scrofula. She entered the hospital February 6th, with numerous enlargements on both sides of the neck, some of which had broken. She was put on a mixture of equal parts of cod-liver oil and whisky and a tonic prescription. One c. c. of the properly diluted lymph was injected March 1st. She has had one injection a day since then without any bad symptoms resulting. The second injection caused the highest temperature, reaching  $104.4-5^{\circ}$ . March 7th, 2 c. c. were injected without any noticeable change in temperature. One notable feature of this case has been the sub-normal temperature. Since March 7th the temperature has not been above normal, being, with wonderful regularity,  $97^{\circ}$  in the morning and  $98.2-5^{\circ}$  in the evening. Since the beginning of the use of the lymph the discharge from the glands has ceased. Softening of the glands has been noticed, and they have now almost entirely disappeared.

Harriet Taylor came into the hospital February 23d with disseminated pulmonary tuberculosis; age, sixteen years; colored; family history not good. She was in an advanced stage of the disease when the use of the lymph was begun, and the case was pronounced hopeless. In all injections the second dilution of lymph was used, being one degree of pure lymph. Her temperature rose to  $100^{\circ}$  March 1st, and was at  $103^{\circ}$  in the evening. The fourth injection pushed the temperature to  $105^{\circ}$  in the evening. After the third injection her temperature dropped to  $97^{\circ}$ . After March 8th her temperature remained very constant between normal and  $101^{\circ}$ . Her appetite has improved, also her assimilation. The night sweats have diminished, and she is in other respects much improved, including an increase in weight.”

In conclusion, Dr. Brower says: “The cases reported do not furnish a sufficient basis for broad generalization, yet, after the use of the lymph sixteen days, we are prepared to say that no immediately bad effects were observed in the three cases reported. It has benefited scrofulous enlargements, and has apparently benefited the case of pulmonary tuberculosis. Remote effects are yet to be determined.”

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HYSTERICAL CONVULSIONS.—In a case of hysterical convulsions occurring two or three times daily, I gave Peacock's Bromides with perfect success. I consider it a fine preparation, and will continue to prescribe it when indicated.—*R. M. Powers, M.D., Lundy's Lane, Pa.*



OBITUARY—B. A. MORTON, M.D.

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At a regular meeting of the Blount County Medical Society, which convened at the office of Dr. A. B. McTeer on the 2d day of March, 1891, a committee was appointed to express the sense of the Society relative to the death of Dr. B. A. Morton, who reported as follows:

WHEREAS, It has pleased the Divine Ruler of the universe to remove from time to eternity our brother physician, whose death occurred on the 27th day of February, 1891; therefore, be it

*Resolved*, That in the death of Dr. B. A. Morton this Society has lost one of its most highly esteemed members, a man of culture, and possessing a high sense of professional honor.

*Resolved*, That the Society feel it to be their duty as well as pleasure to preserve and protect the life and character of those who were so near and dear to them.

*Resolved*, That we extend to the family and relatives of our deceased brother our sympathy in their hour of bereavement.

*Resolved*, That a memorial page be left in the Secretary's book, and a copy of these resolutions be put thereon.

*Resolved*, That a copy of these resolutions be sent to the family of our deceased brother, and also to the SOUTHERN PRACTITIONER and the *Nashville Journal of Medicine and Surgery*.

R. B. MCBATH, M.D., *Ch'm'n*,  
JNO. P. BLANKENSHIP, M.D.,  
THOS. BROWN, M.D.

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POPULAR FAITH IN ALTERATIVES.—Since the nature of the action of this class of remedies is to some extent as yet undetermined and obscure, they are necessarily prescribed empirically. To this fact is perhaps due the promiscuous use by the public, not infrequently with the endorsement of physicians, of a host of nostrums of no real medicinal value. Many of these have had an enormous sale, indicative not so much of their worth as of the general belief in the necessity for the use of what are popularly termed "blood purifiers." Spring is the season when these are most generally resorted to. When we consider that there is no condition of disease at some stage of which tonic alteratives are not indicated, it will be appreciated that next to agents such as opium and quinine, the action of which is specific, no class of remedies are more frequently demanded. Messrs. Parke, Davis & Co. supply, under the name of Syrup Trifolium Compound, an alterative formula containing red clover, stillingia, cascara, amarga, burdock root, poke root, prickly ash bark, berries aquifolium, all valuable

vegetable alteratives, either with or without potassium iodide. This has been used by physicians with much success in all conditions requiring alterative treatment.

**LISTERINE.**—While Listerine is the *beau ideal* of many of our most eminent surgeons as an antiseptic, not irritating or possessing toxic properties, and has alike been commended by the obstetrician and the dentist, it has also proven a valuable remedy in the wide field of practical medicine. In fermentative disorders of the alimentary canal in the young, middle-aged or old it has given most satisfactory results. In the summer diarrhoea of children, Dr. I. N. Love, of St. Louis, speaks very highly of it, given in combination with glycerine and simple syrup. A formula that I have time and again used—in fact, it has almost become routine with me of late years—is as follows:

R	Bismuth Sub. Nit.....	3 ss
	Tr. Opii.....	gtts xx
	Syr. Ipecac.....	
	Syr. Rhei Arom..	na 3 ij
	Listerine.....	f 3 ss
	Mist. Creta.....	3 j

M. Sig.—Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old. For older children increasing the amount of Tr. Opii, and for younger ones decreasing it.

**THE COSMOPOLITAN MAGAZINE.**—No more completely illustrated copy of the *Cosmopolitan* has gone out than that for April. Miss Elizabeth Bisland, always a bright and attractive writer, is fairly fascinating in her description of dancing, the eldest of the arts, and the illustrations charmingly interpret the article itself. The Executive mansion, the “White House,” always an object of interest to the people of the United States, and one of the first points to be visited by those who go to Washington, is described by Mr. George Grantham Bain, the Washington correspondent, while the interior is illustrated with many views taken specially for the *Cosmopolitan* by permission of the President. The frontispiece is a portrait of General Sherman, drawn by Gribayedoff, and Sherman and Bismarck come in for the major part of Murat Halstead’s Review of Current Events. (Price 25 cents. Cosmopolitan Publishing Co., Madison Square, New York.)

ANDREW BOYD, M.D., Vice-president of the Tri-State Medical Association, Scottsboro, Ala., says: "It gives me pleasure to say that for two years I have prescribed S. H. Kennedy's Extract of *Pinus Canadensis*, both alone and in combination, in many acute and sub-acute inflammations of the mucous membrane. As a disinfectant and astringent I do not know its superior. It forms the base of my prescriptions for phlyctenular pharyngitis used as a spray. Have used it undiluted in ulcerated sore throat and ulcers of rectum. I use it daily almost in common sore throat, diluted with aqua carbolic. It has given me good results, and I am very glad you have given us a preparation we can rely upon."

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A PLAIN STATEMENT.—HAVERHILL, MASS., March 7, 1891.—Antikamnia Chemical Co., St. Louis, Mo.—*Gentlemen*: The Antikamnia sent me found a suitable case at once. My patient had long been a sufferer from hemicrania, and the pain was never more than partially relieved by caffeine, acetanilid, etc. Upon the recurring attack, I prescribed Antikamnia, three grains, every two hours. The first dose gave instant relief, to the great satisfaction of both myself and patient, and complete recovery was secured. I shall hereafter use Antikamnia in preference to all other preparations, for the relief of migraine, sciatica, and other nervous diseases. Very respectfully yours,  
CHAS. F. FOYE, M.D.

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WE have received a sample bottle of Morgan's Liquid Hypophosphites, and are very glad to direct the attention of our readers to the preparation. A glance at the formula, which is published in our advertising pages, will at once suggest its value, not only in the cases in which the hypophosphites have been most used, in which it appears to us admirable, but also in all conditions dependent upon mal-nutrition and atonicity, and manifesting themselves in so many forms of nervous and tegumentary disorders. The manufacturers have a reputation for reliable products, their hypodermic and other tablets being very favorably known.

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MEETING OF THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS.—At the Kansas City meeting of the National Association of Railway Surgeons last year, it was decided to hold the next meeting at Buffalo,

May 7th, 8th, and 9th of this year; but on account of the meeting of the American Medical Association being set for the same time, it has been decided to change those dates, and to hold our next meeting at Buffalo, April 30th and May 1st and 2d, to which all railway surgeons are cordially invited. To all railway surgeons sending their names and addresses to the Corresponding Secretary a copy of the Constitution and programme will be sent. For further information inquire of A. G. Gurmaer, M.D., Corresponding Secretary, Buffalo, N. Y.

---

GROVE'S TASTELESS QUININE SUGAR.—The *Paris Medicine Co.*, so long and favorably known as the manufacturer of *Febriline*, or Tasteless Syrup of Amorphous Quinine, is now making a most excellent and valuable preparation of quinine, known as *Tasteless Quinine Sugar*. It is made from the pure sulphate, from which the acid and water of crystallization have been eliminated, and is combined with granulated sugar and sugar of milk. To all appearances it looks like a good article of granulated sugar, and, while free from the nauseous, bitter taste of the alkaloid, has all of its therapeutical properties, as we have learned by actual test. We specially beg leave to refer our readers to the advertisement, and can most heartily endorse all that is there claimed for it.

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A GOOD ONE ON THE BELLY-RIPPERS.—One of our practical country practitioners from one of the upper counties in this State was recently on a visit to New York, and, among the other wonders of Gotham, took in the Polyclinic. It was one of Wylie's field days, who, at the conclusion of a brilliant clinic, asked Dr. F. "what he thought of medical matters in the metropolis." Dr. F. replied: "Well, I would rather be a moonshiner down in Tennessee than a uterus up here in the hands of you New York doctors."

---

JOHN MUIR, M.D., member College Physicians and Surgeons, Ontario, Canada, ex-Vice-president Ontario Medical Council, says: "I take pleasure in saying that I have found Papine (Battle) prompt, efficacious, and, better still, unobjectionable as to after effects. A patient, more than usually intolerant of other preparations of opium, has borne it well, and derived manifest benefit from its use."

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# FRELIGH'S TABLETS,

(Cough and Constituent),

## For the Prevention and Cure of

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##### EACH TABLET CONTAINS.

Arsenicum [1-50 gr.], Precipitate Carb. of Iron, Phos. Lime, Carb. Lime Silica, and the other ultimate constituents, according to physiological chemistry, [normally] in the human organism together with Caraccas, Coca and Sugar.

### Price, Three Dollars Per Double Box.

Containing sufficient Tablets of each kind to last from one to three months according to the condition of the patient.

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"I am now using your Tablets on a patient (young lady), who has had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morr., Syr. Hypophos. Co., etc., with no apparent benefit."

*A Virginia physician writes:*

"Enclosed find Postal Note for another double box Freligh's Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second, and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

*A Massachusetts physician, in practice 25 years, writes:*

"Send me two double boxes Freligh's Tablets. I have tried the sample box with most excellent results."

*A Michigan physician writes:*

"I am more than pleased with them. They have not disappointed me once. Dr. C. for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

### SPECIAL OFFER.

While the above formulæ have been in use, in private practice, over 30 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes, (retail price, Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card, letter-head, or some proof that the applicant is a physician in active practice, MUST accompany each application. Pamphlet, with full particulars, price-list, etc., on request.

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As we furnish no samples through the trade, wholesale or retail, for samples, directions, price lists, etc., address,

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Dr. J. P. COWLES, Camden, Me. says: "I have used it in cases of physical debility arising from exhaustive habits or labors, with beneficial results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

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**Rumford Chemical Works, Providence. R. I.**

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CAUTION—Be sure the word "Horsford's" is printed on the label. All others are spurious. Never sold in bulk.

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## **APPARATUSES FOR DEFORMITIES.**

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J. EDWIN MICHAEL, M.D., Professor Clinical Surgery University of Maryland, says: "I have convinced myself that Campho-Phenique is a very valuable remedy, and always keep a supply of it in my office. I use it constantly and with great satisfaction as an antiseptic stimulating application to ulcers, venereal and other, and for the treatment of abrasions, bruises, and cuts. I have had severe lacerated wounds heal up by the first intention under its beneficent influence. It is also very valuable, in varying proportions, as an ointment, especially where itching is to be combated."

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PEPSIN is undoubtedly one of the most valuable digestive agents of our materia medica, *provided a good article is used*. Robinson's Lime Juice and Pepsin we can recommend as such. The fact that the manufacturers of this palatable preparation use the purest and best pepsin on the American market, and that every lot made by them is carefully *tested* before offering for sale is a guarantee to the physician that he will certainly obtain the good results he expects from pepsin.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

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THE JOURNAL OF GYNECOLOGY, a monthly journal of gynecology, obstetrics, and abdominal surgery, Charles N. Smith, M.D., editor, Toledo, Ohio, will be issued early in April. It will contain forty-eight pages of reading-matter devoted to gynecology, obstetrics, and abdominal surgery.

## ETIOLOGICAL.—

Of all the deadly things that war  
 Against our peace and kill us,  
 The worst and dedliest by far,  
 As proved by the researches of scientific men in Ger-  
 many, France and several towns in Michi-  
 gan, who have made the matter a study, and  
 found out by experimenting with guinea-  
 pigs, rabbits and other cheap animals and  
 small deer, how to cure almost anything but  
 worts and catarrh,  
 Is merely a bacillus.

—*Chicago Tribune.*

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

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## *Reviews and Book Notices*

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HEREDITY, HEALTH, AND PERSONAL BEAUTY. Including the Selection of the Best Cosmetics for the Skin, Hair, Nails, and All Parts Relating to the Body. By JOHN V. SHOEMAKER, A.M., M.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, etc. 8vo, cloth, pp. 422. Price, \$2.50. F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia. 1890.

The health of the skin and hair, and how to promote them, are discussed; the treatment of the nails; the subjects of ventilation, food, clothing, warmth, bathing; the circulation of the blood, digestion, ventilation; in fact, all that in daily life con-



duces to the well-being of the body and refinement is duly enlarged upon. To these stores of popular information is added a list of the best medicated soaps and toilet soaps, and a whole chapter of the work is devoted to household remedies.

The work is largely suggestive, and gives wise and timely advice as to when a physician should be consulted, and is a most excellent work to place on the waiting-room table, as well as in the library of every physician.

**PRINCIPLES OF SURGERY.** By N. SENN, M.D., Ph.D., Professor of Principles of Surgery and Surgical Pathology in Rush Medical College, Chicago, Ill.; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Milwaukee Hospital; Consulting Surgeon to the Milwaukee County Hospital and to the Milwaukee County Insane Asylum. In one handsome royal octavo volume, with 109 fine wood engravings and 624 pages. Price, in cloth, \$4.50 net; sheep or one-half russia, \$5.50 net. F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia. 1890.

This work, by one of America's greatest surgeons, is thoroughly complete; its clearness and brevity of statement are among its conspicuous merits. The author's long, able and conscientious researches in every direction in this important field are a guarantee of unusual trustworthiness, that every branch of the subject is treated authoritatively and in such a manner as to bring the greatest gain in knowledge to the practitioner and student. It has already been placed on the list of text-books of several medical colleges in the United States. Physicians and surgeons alike should not deprive themselves of this very important work. A critical examination of the wood engravings (109 in number) will reveal the fact that they are thoroughly accurate and produced by the best artistic ability.

**THE DAUGHTER.** In Health, Education, and Wedlock. Homely Suggestions to Mothers and Daughters. By WILLIAM M. CAPP, M.D. 12mo, cloth, pp. 150. Price, \$1. F. A. Davis, 1231 Filbert Street, Philadelphia. 1891.

It is just such a book as a family physician would advise his

lady patients to obtain and read. It answers many questions which every busy practitioner of medicine has put to him in the sick room at a time when it is neither expedient nor wise to impart the information sought.

It will not mar the most proper womanly modesty or refined feelings, and may wisely be put into the hands of any woman or girl; is a book for the family; will bear repeated readings and will be useful to refer to in emergencies.

**DISEASES OF THE DIGESTIVE ORGANS IN INFANCY AND CHILDHOOD,** with Chapters on the investigation of Disease; the diet and general management of children, and massage in Pediatrics, by LOUIS STARR, M. D., late Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital, Philadelphia; Consulting Pediatricist to the Maternity Hospital, Philadelphia, etc., 8vo, cloth. Second Edition. Illustrated. P. Blakiston, Son & Co., Publishers, Philadelphia. 1891.

In this work it is the author's object to give prominence to a class of disorders constituting a large proportion of the ailments of childhood, too often briefly considered in works of this class. For the successful treatment of the diseases of the digestive organs in infancy and childhood, attention to the general regimen is quite as important as the administration of drugs, and it is upon the former that too little instruction is usually given.

In preparing the second edition of this work, the author, while endeavoring to bring the subject matter thoroughly abreast of the times, has deemed it admissible to make some re-arrangement of the original text, and to add a quantity of new material. The chief additions consist of a section on alterations in the odor of the breath in disease; a section on urine alterations; a chapter on massage in pediatrics, and a detailed account of second dentition and its influence on the health in late childhood—a subject heretofore greatly neglected.

It is thoroughly individual, original and earnest, and will constitute a safe and reliable guide, and is in many ways most admirably adapted to the wants of both student and practitioner.

**ESSENTIALS OF SURGERY.** Together with a Full Description of the Handkerchief and Roller Bandage. Arranged in the form of Questions and Answers. Prepared Especially for Students of Medicine.. By EDWARD MARTIN, A.M., M.D., Instructor in Operative Surgery, University of Pennsylvania; Surgeon to the Howard Hospital; Assistant Surgeon to the University Hospital. Illustrated. Fourth Edition. Revised and enlarged by an appendix containing full directions and prescriptions for the preparation of the various materials used in Antiseptic Surgery. Also, several hundred receipts covering the medical treatment of surgical affections, 12mo, cloth, pp. 334. Price, \$1.00. W. B. Saunders, Publishers, 913 Walnut Street. Philadelphia.

Saunders' Question Compend No. 2, does certainly contain the *Essentials of Surgery* so far as known and practiced at the present time. It contains much valuable information, and while prepared especially for medical students, will prove of value for quick and ready reference by practitioners who have not time or opportunity to consult more voluminous works.

**DIABETES: Its Causes, Symptoms, and Treatment.** By Charles W. Purdy, M.D., Queen's University; Hon. Fellow of the Royal College Physicians and Surgeons, Kingston; Member of the Royal College Physicians and Surgeons, Ontario; Author of "Bright's Disease and Allied Affections," etc. With Clinical Illustrations. 12mo, cloth, pp. 184. Price, \$1.25. F. A. Davis, Publisher, Philadelphia. 1890.

A very excellent little work, furnishing the physician and student with the present status of our knowledge of diabetes in such practical and concise form as shall best meet the daily requirements of practice; and the result of careful study and observation on the part of the author, extending over a period of more than twenty years.

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THE reader of this number will please refer to the mailing wrapper, and see if it is not in order to renew his subscription. Remember \$1 a year is the price of this journal.

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# THE SOUTHERN PRACTITIONER.

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DEERING J. ROBERTS, M. D., - - Editor and Proprietor

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Vol. 18.

NASHVILLE, MAY, 1891.

No. 5.

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## *Original Communications.*

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### RETAINED PLACENTA IN MISCARRIAGE—HOW SHALL WE TREAT SUCH CASES?\*

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BY A. J. SWANEY, M. D., OF GALLATIN, TENN.

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The dangers from retained placenta in miscarriage are hemorrhage and septicæmia. When the delivery of the placenta is prolonged, ought we still to abstain, ought we to wait, or ought we to interfere actively in order to forestall these dangers which almost infallibly will result and further interfere at a time when it is far easier, than later when we may be forced to action. Such is the problem, the answer to which divides obstetricians into two opposing forces. One insists on active intervention to deliver the placenta as soon as possible, and thus avert these dangers. The other, having a deep faith in the powers of nature, only allows interference when these complications become

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\*Read at the fifty-eighth annual meeting of the Tennessee State Medical Society.

serious. Those who favor active interference are Tyler Smith, Murray, Simpson, Leishman, Munde, Grandin, and many others.

The reasons given for active interference are the frequency of these dangers in prolonged delivery of the placenta. The almost constant possibility of manual extraction which at once assures the woman's safety from the dangers of hemorrhage and septic poisoning, Simpson, Munde and Grandin are perhaps the most active partisans for interference. Simpson directs if the cervix is dilated, or patent to act at once, if it is not dilated, he dilates at once. The woman is first anesthetized, the uterus depressed as much as possible by the external hand and with the index finger of the other hand, he removes the placenta and membranes. If he cannot sufficiently depress the uterus with the hand, he does not hesitate to forcibly drag it down by a double tenaculum fixed in the cervix. Munde and Dr. E. H. Grandin, of New York, go still further, and curette the cavity of the uterus with special instruments made for the loosening of adherent placenta and its removal from the uterus. These curettes have no cutting edge and are applicable to cases where there is a large mass to remove, and where in consequence nearly always the cervical canal is open and will admit them. When dealing with shreds and the os is less patent, the dull curette of Thomas answers every purpose. They place the woman in the left lateral position and the removal is through a Sim's speculum. Dr. Grandin then directs, after the removal of the placenta, that the cavity of the uterus should be carefully dried by a cotton applicator and tamponed by a slide applicator, the cotton on which has been saturated with the compound tinct. of iodine. The compound tinct. of iodine is used as a gentle styptic and disinfectant, or if there is much fetor iodoform is preferable. The authorities who counsel waiting for serious complications before interfering are just as many. We mention Ramsbotham, Davis, Burns, Fleetwood Churchill, Grailey Hewitt, Charpentier, and many others. Charpentier, in his *Cyclopedia of Obstetrics and Gynecology*, says:

"If the woman miscarries in two stages, if the foetus has been expelled and the placenta remains, what is to be done? Usually nothing; nature can do the work. The placenta may remain

days before being expelled; whilst there are no complications, wait at least till the placenta is engaged in the cervix and detached from the uterus, and then extract. If the placenta is not engaged and the cervix is closed, wait, and in case of hemorrhage tampon, give ergot, never the ergot alone. If the placenta is still adherent, and is in part engaged in the cervix, give ergot, for the cervix cannot contract, since its canal is filled by the placenta. If the placenta is at the fundus and adherent, wait still in case there are no complications, interfere in case of accident. If it be hemorrhage, the tampon and ergot. If it be putrefaction of the placenta, recognize this and extract at once; we must not hesitate, but we must immediately extract the placenta or secundines, and this, it is understood, is all the more difficult, the more completely the cervix has closed. If the cervix is permeable to the finger or instruments, the operation is easy. If closed, then we must dilate at once with sponge, branched steel dilators, or with Barnes' bags. Dilatation once accomplished, we must proceed to extraction, and this must be done by the finger or instruments, according to the case. He directs after the cervix has been dilated, and the woman on her back, to depress the uterus with the left hand as much as possible, and with the index finger of the right hand introduced into the cavity of the uterus, or as deep as possible, the adherent remnants are detached and brought away. If this does not suffice he resorts to instruments."

Septicæmia being one of the dangers from putrefaction of the retained placenta, how are we to recognize this. The first symptom is fetor of the lochial discharge. The discharge further loses its normal character and diminishes in quantity, becoming in color black or brown. It is no longer bloody or sero-sanguinolent, but is composed of reddish black detritus, the debris of the retained mass, involution ceases and the uterus becomes sensitive to pressure. At times tympanitis supervenes with or without diarrhoea. The woman has chills. Sometimes the chills are violent and single, at other times many, separated by intervals of one or two days. There is fever, the temperature rising to 104°, 105° F. The pulse ranges to 120 or more. The temperature shows a marked remission, but the pulse remains high,

and thus it may be day after day until the woman dies, or the fever may be continuous. The general condition alters for the worse. The eyes are sunken, anorexia and vomiting exist, the woman grows weaker, and if we cannot suppress these symptoms, dies of septic poisoning.

Has the physician any business to allow a woman with retained placenta to enter such a state as this? Is he doing his duty to sit calmly waiting for the onset of sepsis? He knows what he ought to do in case of sepsis, but action then, no matter how prompt, may fail, and the woman die of septicæmia. Then, as we cannot tell in any given case of retained placenta or secundines whether or not sepsis may develop, which is the wise course to pursue? To sit calmly waiting for the approach of these dangers, as advised by Charpentier, Ramsbotham, and others; or to act promptly, as advised by Munde, Grandin, and others? I believe with Munde and Grandin, that active interference in the removal of the retained placenta is safe, easy, and forthwith guarantees the woman against sepsis. Active intervention does not mean unnecessary intervention. Nature is ever to be given a chance, but when we see her efforts are futile, certainly it is but rational to assist her, and this should be done as directed by Munde and Grandin, by placing the woman in the left lateral position, and with a dull wire curette remove the placenta or any part of the secundines that may remain through a Sims speculum. This is far better and easier than the method advised by Simpson, of dragging or pressing down the uterus and introducing the finger into the uterine cavity. The uterine cavity should then be washed out with hot water slightly carbolized through a Jamson uterine douche, and repeated every six or eight hours until all fetor disappears from the lochial discharge.

I am painfully aware of the fact that a very large majority of physicians follow and practice the expectant or do-nothing plan, being satisfied with giving ergot and vaginal injections. It would doubtless be a surprise to many if we could ascertain the number of valuable lives that have been lost and the amount of suffering entailed upon women from the neglect of removing the retained placenta. Who of us with much experience has not seen such cases?



Shall we give ergot in retained placenta? This is another practice which should be relegated to the past. Engelman says never give ergot until the uterine cavity is cleared. The contractility evoked by ergot is notably different from that which is peculiar to the uterus; it is a species of tetanic contraction which, when it affects the cervix, not only does not cause dilatation, but produces rigidity. Ergot may then act directly opposite to the end desired, and by interfering with dilatation of the cervix shut up the uterine cavity. Hemorrhage after miscarriage, even when we believe the placenta and membranes have been removed, invariably means retention of a part of the placenta or secundines. Profuse hemorrhage may occur for weeks from this cause. In such cases we should boldly explore the uterine cavity and remove any offending matter that may be present.

In the first twelve weeks of pregnancy the dangers from hemorrhage and septicæmia are not so great, and the expectant plan is more justifiable. After the third month it is criminal negligence to wait and subject a woman to the dangers arising from retained placenta, when she can be relieved by an operation, which, if properly done, can do no harm and spare her the risk of hemorrhage and septic poisoning.

Again, with Munde and Grandin, I repeat. The early removal of the secundines is easy, safe, and forthwith guarantees the woman against the dangers of hemorrhage and sepsis.

It has been said that necessity was the mother of invention. I now show you an instrument improvised and made fifteen years ago by Dr. Thomas M. Woodson, of Gallatin, Tenn. As you see, it is simply a wire doubled and twisted together, leaving an open space at the end, as the wire is brought back. This opening is about one-half to three-quarters of an inch wide and two inches long, and is then again bent to resemble a spoon. This is as good a curette as Tieman can make, and was devised and used by Dr. Woodson to extract a retained placenta in a miscarriage of five months pregnancy. He has used this frequently and successfully, and in case of emergency it will answer every purpose. Some months ago I saw a lady who had miscarried at five months. Five days after the foetus passed,

a retained placenta was passed by the unaided efforts of nature ; four days after this, I saw her in a dying condition with septicæmia. Was it proper to allow the placenta to remain such a length of time? Was this a wise course to pursue? Who can say : "This valuable life might not have been saved by the early removal of the retained placenta?" This case prompted me to present this paper for your thought and consideration.

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### POSOLOGY.\*

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BY W. M. VERTREES, M. D., NASHVILLE, TENN.,  
*Professor of Materia Medica and Therapeutics in the Medical  
Department University of Tennessee.*

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*Gentlemen* :—I think it can safely be said that the prime object of the study of therapeutics is to acquire a correct knowledge of the right medicine in therapeutic doses at the proper time to cure disease, or in other words, medicines are only curative when the right medicine is given in the proper dose at the proper time. Various laws have been adopted to accomplish this purpose with approximate success, all however, taking under consideration only the modifying circumstances of age. That of Dr. Young, which is taking twelve and adding the age and dividing by the age. That of Dr. Cowling, which is dividing twenty-four or mature age by the next birthday.

These two rules or laws as we observe takes it for granted that all patients of twenty-four years of age, everything else being equal, bear the same relation to those requiring a less dose according to the age as laid down under the rules, and perhaps it approximates as nearly as possible the correct dose. Of course all the modifying circumstances of sex, temperament, idiosyncrasy, etc., have to be taken into consideration.

After granting that this covers the entire ground of general posology, that no more or better general law can be laid down to

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\*A paper read at the Fifty-eighth Annual Meeting of the Tennessee State Medical Society, held at Nashville, Tenn., April 14, 1891.

arrive at the dose for each individual, yet outside of this lies the true secret of success in the application of medicine in the treatment of disease. In a general way it may be said that all medicines that act on the general system, act through the medium of the blood, and hence, there is an exact relation between the quantity of the medicine and the quantity of the blood, modifying circumstances taken into consideration. If all persons possessed the same amount of blood according to weight of the individual, by weighing each patient we could tell how much opium would relieve pain or how much calomel would purge with a mathematical certainty. But some persons weighing two hundred pounds have no more blood than others weighing one hundred and twenty-five pounds. Hence there is no exact way of arriving at the dose by the quantity of the blood farther than a general knowledge we may possess from general appearances. It is plain then that all the laws of posology depend upon a variety of contingencies co-extant with whatever modifies the intrinsic action of drugs by the environment of the patient intrinsically and extrinsically. If all persons were physiologically alike then every drug would act physiologically alike on all persons. And if the physiological reaction were the same, then of a necessity the result in all cases would be the same, or in other words, the relation of drug force to its molecules being always the same it must of necessity under similar circumstances produce the same effect, and hence we arrive at a knowledge of the dose by the study of the force that exists in so many atoms of the drug. We do not, nor cannot count the molecules in a dose, but we approximate a count by weights and measures, we divide medicinal or drug force by grains, scruples, drachms, etc. We say one grain of opium is a dose, that is, one grain of opium is capable from the number of molecules it contains, each one representing the exact amount of force of impressing the system of an adult with that amount of therapeutic impression that the system will safely tolerate.

Now the whole secret of cure consists in knowing what amount of this drug force is required to impress the system so as to eventuate in cure or relief. The amount that will accomplish

any result is a dose. Posologically speaking, any amount given for the purpose of modifying physiological or pathological action is a dose. Rational medicine then consists in the application of medicine as we understand it, to the pathological condition of the patient, as we understand it; hence, dose has no more relation to the quantity of medicine than to the condition of the patient, a dose then in the same patient is sometimes a fourth or a half or one grain, owing entirely to that pathological condition at the time that dose is given. Therapy then consists in molecular drug force properly estimated and applied. True posology is then based upon our knowledge of physiology, pathology and pharmacology. A man may understand physiology and be ignorant of the laws of cure. He may understand pathology and know nothing of cure, but with a thorough knowledge of these two branches and pharmacology, the problem of therapeutics is solved.

The acquisition of the knowledge of the two first branches can be acquired by the student in the ordinary didactic and clinical instruction of the schools and preceptors. Not so with pharmacology, the action of a drug is only manifest to reason through the medium of observation. The induction then drawn from observation is our philosophy of cure, the dose being the expression of the philosophy of observation. Hence, without attaching cure or relief to the dose, there is no medium by which the principles of this pathology can become a part of our medical knowledge. Figuratively speaking, it is the dose that cures; quinine is tonic, stimulant, sedative and diaphoretic. When you want a stimulant you do not want a sedative; quinine is a stimulant; quinine is a sedative; when you want a sedative you don't want stimulant quinine; when you want a stimulant you don't want sedative quinine. The study of dose is the study of the laws of cure; belladonna in one dose stimulates the breathing centers; in another dose it depresses the breathing centers: in opium poisoning, then, the very life of the patient depends upon the proper dose of belladonna; the patient is dying from depression of the breathing centers, if the wrong dose is given you have added to the peril of the patient; if the right dose is given you have enhanced the chances of the patient, all turning on the

dose. You say, what is a dose, and I say what is the dose? This is the very point I wish to emphasize.

Not like our homœopathic friends down to the two hundredth centesimal dilution or even to the one hundredth decimal attenuation, but down to the proper quantity. In Germany, the maximum dose is regulated by legal enactments, the law says what is a therapeutic dose, beyond that it is lethal, and in violation of law. And hence the dispensing of medicine is taken entirely out of the hands of the physician and given to the pharmacist. In this country, the physician may prescribe the dose and prepare it, and there being no limit prescribed by the law, each physician arrives at his own conclusion as to what is a curative dose, and what is a lethal dose. Now it is plain if one physician in certain pathological conditions prescribes five grains of calomel, and another in the same condition should prescribe one-fourth of a grain, one or the other would not get the proper therapeutic effects, as the action on the system would be entirely different, with this drug in the different doses. Take whisky for instance, you find such authority as Lauder Brunton laying down and insisting that in severe shock ten to twenty minims repeated every few minutes is the proper dose. The ordinary railroad surgeon will pour into his patient two to four ounces and repeat every few minutes. Now, if alcohol in small doses is a stimulant and in large doses a sedative, upon what principle is the large dose given? Is it not an entire misconception of the action of the drug to give the patient a sedative when the vital forces are already depressed. Is it *similia similibus curanter* in the hands of *contraria contrariis curanter*, or is it the empiric posing in the garb of rationalism? Few medicines that have direct intrinsic action on the system maintain that intrinsic impression beyond a certain point. Iodide of potassium in small doses will increase the secretions of the schneiderian membrane and cause a papular eruption to appear on the skin, while large doses will dry up the secretions and remove cutaneous eruptions. Mercury in a proper dose is a bile stimulant, in other doses it arrests the secretion of bile. Cure then consists in the impression made upon the system that changes morbid conditions. I use the word cure

in that sense that signifies the effect that the medicine has in restoring normal functional action which eventuates in cure or relief. Abstractly, medicine is not curative; relatively, it is curative. The impression is relative; this relative impression is incidental cure, but cure is nature's own work and cannot be imitated. We inhibit by it the cause that produces the disease, while nature removes the morbid functional action induced by the cause. We sustain the effort of nature until the cause ceases or is removed. Rational therapeutics consist in our ability to utilize drug force in aiding functional actions and general metabolism.

If a drug has no power, it is not curative. A cure is incidental when it must be applied in a definite quantity to procure uniform results. There can be no doubt of its incidental action. Mercury has the same effect upon a well man that it has upon one with syphilis, yet it arrests and relieves syphilis. Opium has the same effect upon a well man that it does on one with pain, yet the man with the pain is relieved, purely in both cases incidental. Only sufficient mercury to cure syphilis is necessary, only sufficient opium to relieve pain is necessary, then the exact dose that will cure or relieve is the therapeutic dose and the proper dose. No other rule is laid down guiding the physician than general principles, and hence every physician is presumed to understand what is a proper dose in any given case.

No effort has been made to establish a uniform maxim dose of any drug. With a recognized method of teaching and practicing medicine no law can be laid down. For radicalism and heroism is thought by some to be the only evidence of advanced wisdom and superiority, and the truly learned in the profession, while they deprecate this relic of empiricism, do not come forward and condemn it as it deserves. The only effort to make posology conform to a definite law in the profession was attempted by our homœopathic friends when they announced their God-given and inflexible law of similia. It became necessary that if disease was a thing to be estimated by an impression similar to it, it also became necessary to define the similar impression as it was to define the disease. And hence it became necessary to institute a

system which they call provings. A normal subject was selected and a drug given in definite quantity, and the symptoms produced by the drug was the proper remedy; when a disease appeared with a symptom similar to that produced by the medicine, the great problem had been solved, the law of cure had been discovered, medicine with a single stride passed out of all uncertainty and doubt and became an exact science. Now, after having ascertained the means of cure it became necessary to place thereapeutics on a similar basis, and hence they had to define the amount necessary to accomplish the cure. If enough of the medicine was given to produce symptoms equal to the disease, it was the same and not similar. Out of this dilemma their second law was announced, which completed the great system of homœopathic medicine, which was that when a drug produced a symptom similar to the disease to be cured, a smaller quantity must be given than that which produced the symptom; or cure was in inverse proportions to the drug force that produced the symptoms in a well person, and out of this absurdity arose a greater absurdity, that of preparing medicines in decimal and centesimal proportions to fill the second law. The world laughed at them and they laughed at themselves until it would be difficult to find a vial or bottle in any drug store marked with 200X dilution or the 100 C attenuation. This joke has lost its point and the law its force. Notwithstanding this great failure, it is apparent that something more definite and uniform should be promulgated by the leaders and older members of the profession, to establish a maximum dose of all the leading drugs in certain pathological conditions. I am aware that in this country, in small towns where physicians dispense their own drugs, this would be an impossibility, but in the cities where prescriptions are written and filed, something could be done to protect the sick against the hero, the tyro and the empiric. What is more common than the report that a person has taken too much morphine, or too much belladonna, or too much mercury, growing out of the fact that the prescriber did not observe a sufficient amount of caution in the quantity given, which may be attributed to the variety and different views of the various teachers, authors and practi-



tioners on the subject of the proper dose. In all our visiting lists we find a posological table that in the aggregate is correct. And if this had the sanction of representative medical bodies like this Society, over-dosing and heroism in medicine would cease to a great extent.

The common scandal of the profession is the over-dosing and frequent dosing of a few incompetent physicians. Homœopathy could not find a clientage in any community but for this fact, and in every physician's scope of practice there exists a number of persons that will stand their chances against the attack of many diseases rather than submit to the enormous medication that is frequently resorted to for their relief. I am aware that it is contended and argued that every physician must be the judge of the proper dose to be given, which is correct within a certain limit. If Germany, one of the most advanced nations in medicine, after years of experience in the big and little dose, concludes that legal restrictions are necessary to hold in check the heroic dose doctor, ought not the enlightened and educated profession of America, equal, if not superior, to that of any nation of the earth, do something in an aggregated capacity to modify and limit the dose of poisonous drugs? No legal statute in this country can handle this subject. The zealous guard thrown around personal liberty by our intricate form of government reserves the right to the State to regulate these matters. The experience we have had with the law-makers of this and other States, in reference to the exclusion of incompetent persons from the practice of medicine, is sufficient to convince us that no amount of solicitation could induce a Legislature to pass a law that would in any way interfere with the subject. In fact, it is doubtful whether it could result in good, without there were some means devised by which the dose would become a matter of record. Such legislation would be a farce.

In this country a great many physicians dispense the medicines they prescribe, and no one but themselves know the quantity given, and hence it would be useless to make them subject to penalties. I am of the opinion that the great conservatism of the German school of medicine is more due to legal restrictions



than any other cause. It is claimed that this law was aimed at the homœopath, while it circumscribed the regular profession to the maximum dose, it also compels the homœopath to express and record the quantity of his dose, which was a fatal procedure, for what patient of intelligence who believes in the efficacy and cure of drug force, would be satisfied to take the billionth part of one grain of a medicine, that ten grains would produce no sensible effect.

The law restrains one and exposes the other. All that we can hope for in this country is that the older members of the profession, the preceptors and the teachers would observe a conservatism in this line. All would agree that in a great many cases excessive doses are prescribed, if this practice was rebuked by uniform conservatism in the older and better informed members of the profession, the evil would to some extent cease.

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## TOO MUCH SURGERY—A PROTEST AGAINST THE RECKLESS USE OF THE KNIFE.

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BY M. YARNALL, M. D., ST. LOUIS, MO.

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A hecatomb of Women survive to tell the story of innumerable operations that have been performed on their wombs. They are heroines, benefactors to their sex. Scalpel's modification of Bistourie's operation has saved their lives; one week longer and they would have perished, but now they are useful members of society, all from the phenomenal skill of Dr. Volsella, the great Gynecologist, "God save the mark." Not one in a hundred are necessary; these operations on the womb are devised and perpetrated on the willing victim, causing not a few deaths, invalidating many and seldom doing good. In three-fourths of the cases treated by the Gynecologist the local treatment is unnecessary. With bated breath the patient will describe her imaginary suffering, the Doctor with "wise saws and modern instances" will review the case, how he acted, what he said, and a lot of exaggerations, while in truth there is little aside from the aches and pains coincident to disturbed functions.

The practitioner is not altogether to blame, the patient will have the operation "nolens volens," it is done to satisfy the morbid craving for some uterine treatment, the fashionable craze is yet on, and it will require time to modify it, the yearning of many perhaps never will be satisfied until they are operated on.

Let it be fully understood that the writer does not condemn surgical methods when necessary, but will without fear assert that nineteen out of twenty of the Gynecological operations are unnecessary, many are criminal because the operator knows they are uncalled for. Let us enumerate a few of these procedures that are to a greater or less degree passing into oblivion. The "bilateral" section of the os, the "antero-posterior" section, the almost countless cases of laceration of the neck, all to be sewed up, "the murderous sponge tent," the Elytrorrhaphies, etc., all of which are dead or dying, except in rare cases. Many operations are performed by the desire of the patient, her condition is morbid, her nervous system disordered, some aches or pains in the pelvic region, some slight lesion, and the knife must be used, the Gynecologist yields, she tells her friends that she must be operated on, the Doctor has given her that chance to live and become once more a useful woman. She is a heroine, in ninety-nine out of one hundred no operation is necessary or justifiable.

I tried an experiment sometime since, I selected a number of uterine cases consecutively, not one of whom an operation upon was really necessary, but I suggested to each that perhaps an operation would be necessary, or that it possibly would benefit them, and almost without exception they were willing, in some cases determined, to have something radical done "at once," "how soon will you operate," etc., etc. And I may add that several have been operated on, but not by the writer. A year or two ago an eminent surgeon stated that he had never, or had his father, a large practitioner, met a case that the laceration of the os was severe enough to require operative procedure. Now I regard this view as an error on the conservative side. There are many cases that it is absolutely required, in one notable instance occurring in my own practice; the woman had become insane, was from time to time placed in an asylum; she was radically cured

by closing the lacerated margins of the os, and is now a useful and happy woman.

It is to protest against these indiscriminate operations that I am prompted to write. Only a few days since a splendid woman, healthy and with few aches or pains, consulted me as to whether she should have an abdominal section performed. The only lesion was some slight deposits that were being absorbed, the remains of an old pelvic cellulitis. This woman was almost ready to submit, and yet she asked, "Why should I have this done; I am not suffering to any great extent, I am in better health than for years?" This is an example. The suggestion was infamous. While the woman was intelligent, she was almost ready to have this formidable procedure take place. Perhaps she would become a heroine—the proud thought that she, too, had had one of these great capital operations performed on herself.

The abdominal surgeon should devote himself exclusively to that work, and should be patronized, assisted and sustained by professional men. Above all, he should be honest, and if it be possible to have relief afforded by other means, it should be done. At last when the operation is required beyond all question, let it be performed, not before. Now, then, what shall we do to relieve these patients, before the knife is resorted to. Treat the moral as well as physical condition. Resort to every known method before you mutilate, injure or perhaps destroy your patient, adopt all the various treatments, including electricity and placebos, change of the mode of living if it be possible, and try the various tonics that direct their action principally to the uterine system, and there are a number of excellent ones. I have no hesitation at this time in recommending "Dioviurnia." This useful combination stands first of all that we now have, and like all tonics, no matter for what object they are exhibited, it will take time, and time is often the best adjuvant. A little less surgery, a little more conservatism.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas., and New York, sole agents.

## *Selections.*

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HOW SHALL WE CURE CROUP?—By this term I mean membranous croup, in contradistinction to the spasmodic form ; and in what I shall say on this subject I shall not claim entire originality, but endeavor to bring forward and enforce upon the minds of practitioners some facts that if well observed and carried out will prove a source of utility and comfort to such as may have to treat this formidable disease. If I can present these facts and the method of treatment so as to make them as clear to the minds of those who read as they are to my own, and can enlist general belief in the statement, I shall have accomplished my object and shall have done a good work.

I will not discuss the question of the identity of membranous croup and diphtheria, or whether or not all cases of croup are diphtheritic in character. I do not believe they are, but be this as it may, I shall now use the same treatment in the main for both. During most of the past this disease has been an *opprobrium medicorum*, and that no one treatment is acknowledged and followed as effective and reliable is manifest in the fact that so many different and varying formulas are being successfully and from time to time proposed. I am now glad to believe that this state of things need not be perpetuated. In former years I myself regarded an established case of croup as about equivalent to a death warrant, but now I would go about the treatment of a case, not too long delayed, with nearly as much confidence as I would a case of remitting fever with plenty of quinine in my possession.

The pathology and symptoms are too well known to require notice here, but in reference to the treatment let it first be stated what should not be done, for now I eschew almost entirely the practice I formerly most trusted, that is, the administration of emetics, especially that form of them composed of tartar emetic.

Do not give them. Persistent emesis is distressing and prostrating to the child, and, except in very rare instances, is ineffectual and unsuccessful. Neither, as a general rule, or scarcely at all, should purgatives be administered in the beginning of the treatment with objects of catharsis, for this would interfere with the proper administration of the desired action and effect of the main remedy, the remedy most to be relied on and persisted in.

The indication for the treatment, in my view of the case, is to so affect the blood and the diseased locality as, at first, to arrest the continuance of the deposit in the larynx and trachea, and, second, to soften and dissolve or loosen that which has already been exuded, so that it may be expelled by an effort of coughing. Can this be done? My experience teaches me that it can. In past time some of the fathers were known to proclaim that calomel was the sheet-anchor, and I have no doubt they sometimes succeeded with it, but not often. How did they administer it? Usually in large doses, hence in purgative doses, and herein was the failure. It was too speedily expelled from the system. They did not, it seems, fully apprehend the philosophy of its effect, that is, of its curative effect. They desired its purgative effect, and it possessed in their eye a sort of hidden magic. They gave it in purgative doses, but we may suppose in some cases it would remain long enough in the child's stomach to be absorbed and produce the necessary constitutional and salutary effect, and hence their occasional success, enough to make them believe it a useful remedy; but by want of proper manipulation, and by reason of other influences brought to bear against calomel fifty or sixty years ago by a set of arrant quacks and impostors (the Thompsonians), it fell into some little disrepute and failed to be graded into proper line and to be established as *the* remedy for membranous croup. In the hands of the profession it did not grow into the full stature of its inherent capacity, and it is safe to say it has not even done so yet. Let us hope this may not remain true indefinitely. How, then, shall we proceed to secure its curative effect, since calomel is the remedy?

In the first place, let it be remembered it is not to be given in purgative doses, for this would prevent its curative effect. It

must be given in a way to secure its permeating and modifying effect upon the circulating fluids and the systemic condition; and to this end it should be given in small doses and frequently repeated. A child from one to three years old, after having a dose of two grains (or even three grains if there has been delay), should be given one grain every hour, promptly, persistently and without failure. If any of this one grain is wasted, let enough be added to make up for waste. If these doses incline to purge, add a little paregoric or a drop or two of laudanum to prevent. If a dose is thrown up or rejected, replace with another dose immediately. As auxiliary treatment I usually administer also a febrifuge like this:

R. Sweet nitre,  
Antim. wine,  
Syrup ipecac,  
Paregoric, aa q.s.

M.—From half to a teaspoonful two to four hours apart.

If there is much febrile excitement, I generally use two or three drops veratrum viride three or four hours apart to restrain the circulation, and in addition to these I use and advise a small blistering plaster over the larynx or upper windpipe. These latter measures are resorted to as precautionary, but the chief reliance is placed in the calomel.

During the first hours of this treatment the symptoms may seem to march steadily on towards suffocation, but if properly administered and persisted in, the physician or friends will usually, in the course of twelve or fifteen hours, have the pleasure of observing a marked change for the better in the progress of the symptoms, the sound of the breathing will indicate a growing looseness in the obstruction, and after this, by an effort of the child—a smart struggle, it may be—the accumulation will be forced up into the mouth and may be wiped out, or perhaps may be swallowed, but in either case greatly to the relief of the patient. It is gratifying, aye, it is simply beautiful, to witness the effect of the treatment, the manner in which the obstruction is broken up, and the change from the condition of impending suffocation to that of comparative freedom of respiration. When

this occurs the calomel should be discontinued and some action of the bowels procured. There is but little danger of salivation, but it would be preferable to suffocation. I have not known it to occur.—*E. F. Starr, M.D., of Nagoochee, Ga., in Atlanta Medical and Surgical Journal.*

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**KOCH'S TUBERCULIN IN PULMONARY TUBERCULOSIS.** — As we continue to receive letters from physicians in different parts of the country anxiously inquiring how and where they can obtain Koch's Lymph or *Tuberculin* with which to treat some of their consumptive patients, we think it proper to call the attention of all general practitioners to the present status of the Koch treatment, particularly in relation to pulmonary tuberculosis. And we would remind all inquirers that we know of no mode of obtaining a supply of the *Tuberculin*, except by application to Koch's laboratory in Berlin, Prussia. There is none in the drug market in this or any other country, and no one outside of Koch's laboratory knows how it is made, or precisely what its active ingredients are. The authorities at Berlin simply authorized the remedy to be furnished in limited quantities to be used in hospitals where the patients could be kept under constant observation, and reliable record made of the results. Under this regulation it has been obtained and used with the utmost care in many of the hospitals in the different countries of Europe, and in the chief cities of this country during the last three or four months. The results have been faithfully reported from week to week in the leading medical journals of this and other countries.

It has been used chiefly in cases of lupus and tuberculous affections of the external lymphatic glands, bones and joints, and in a large number of cases of pulmonary tuberculosis. It has also been used in a limited number of cases of cancer and lepra, but generally with negative results. A careful review of all these reports seems to justify the following summary of results at this stage of the investigation:

*First,* The remedy when used in the manner and in the doses advised by Dr. Koch, has in most instances affected the human



system in the manner claimed by him ; although the febrile reactions have varied very much in different cases and sometimes at different times in the same patient, both in regard to intensity and duration. The effect of the remedy on tubercular tissue has also been abundantly demonstrated, especially in lupus and such tubercular cases as admitted of free external drainage ; while the numerous post-mortem examinations by Virchow and others show, not only the same necrotic effect upon the tubercular tissue of the lungs and other internal tissues, but also the rapid diffusion of the bacilli in the blood and tissues previously unaffected.

*Second,* In perhaps two-thirds of the cases of lupus and such tuberculous joints and glands as have free external openings, the injections of *Tuberculine* have been followed by marked improvement and in from three to six weeks some of them have appeared nearly well, while in many cases tolerance to the remedy was soon acquired and improvement ceased. In the remaining third of this class of cases no improvement was obtained and some of them were made worse. One girl, seventeen years of age, with lupus of the face, received a single injection of two milligrams, which was followed by violent febrile reaction and death in about thirty-six hours.

In some of the early cases that were reported as nearly or quite well, the disease has since returned with as much activity as before, thus showing that even in the most favorable cases the curative effects of the remedy may prove only temporary.

*Third,* The number of cases of pulmonary tuberculosis that have now been treated with *Tuberculine* aggregates many hundreds. A large majority of them have been described as in the early stage of the disease, *i. e.*, before the softening or disintegration of tubercular masses, or the formation of cavities in the lungs. A much smaller number presented the physical signs of some supuration or small cavities ; while a still smaller number were plainly in the advanced stage of the disease. In the two groups of cases last mentioned, the *Tuberculine* treatment has pretty uniformly accelerated the progress towards a fatal result.

In the first group named, supposed to contain only cases in the early stage of pulmonary tubercular disease, the first effect of the



*Tuberculine* injections has pretty uniformly been more or less temporary febrile reaction followed by increased cough with marked increase of expectoration containing a greater number of bacilli. In a considerable number of these cases a continuance of the treatment was attended by diminished febrile reactions and decidedly less expectoration with moderate general improvement, until apparent immunity or tolerance to the further action of the remedy was acquired by the patient. But in no case did the physical signs of the tubercular disease in the lungs disappear, and after an intermission of ten days or more in the treatment, some of the patients were again found susceptible to the remedy. Consequently, we have not yet found a single case of pulmonary tuberculosis in which the remedy could be regarded as having effected a complete cure. In a large proportion of the cases treated in the early stage of the disease, instead of even temporary improvement, the progress of the disease has been accelerated, accompanied, in some, by hæmorrhage, in others by rapid formation of cavities, and in a few by the appearance of albumen in the urine.

*Fourth,* The foregoing results sufficiently demonstrate that the *Tuberculin* manufactured in Berlin is an exceedingly active poison, possessing a special affinity for tissues affected with tuberculosis, and capable of causing necrosis or rapid disintegration of such tissues in every part of the living body, and consequently its use as an internal remedy will always involve more or less danger to the welfare of the patient.

If the foregoing summary of results thus far obtained is correct, it is obvious that the use of the *Tuberculine* should be restricted to such cases of tubercular disease as are on the surface or have free communication therewith ; and the general practitioner should abandon all idea of using it in cases of tuberculosis of the lungs or any of the internal viscera.—*Journal of the American Medical Association.*

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PHTHISIS PULMONALIS : THE SHURLEY-GIBB METHOD OF TREATMENT.—Prof. O. Prescott Bennett, M.D., of Chicago, Ill., gives the following resume of the above method, in *The St. Louis*

*Weekly Medical Review* of April 4. He also reports the clinical results in three well marked cases of phthisis, and one of chronic bronchitis, in all of which well marked improvement was manifested.

When Drs. Shurley and Gibb reported the great benefits their patients, suffering from phthisis, had received from subcutaneous injections of solutions of chloride of gold and soda and of iodine, with inhalations of chlorine gas, I decided to try their mode of treatment on some of my own patients.

I commenced by giving hypodermic injections of the solution of iodine, equal to 1-20 of a grain, which was gradually increased to 1-6 of a grain. These injections were given daily for a week or ten days, except when symptoms of iodism, disturbances of the alimentary canal, or loss of strength were manifested, when I changed to the chloride of gold and soda solutions, which was also gradually increased from 1-24 to 1-8 of a grain. These solutions should be chemically pure and thus avoid abscess.

During the next ten days I aimed to alternate the injections of iodine with those of the chloride of gold and soda, but varied from this rule as each case appeared to indicate. From this on, I continued giving the injections, every second, third, or fourth day, according to the advancement of the case, preferably using the iodine unless it was contra-indicated. I have found the injections caused less pain and discomfort when injected in the lower gluteal region than when given in any other part of the body.

The inhalations were given in the following manner: A Davidson spray tube, No. 66, is filled with a mixture containing one-half drachm of chlorine water, U. S. P., to the ounce of six per cent. solution of chloride of sodium, which renders the chlorine less irritating. The rubber tip of this spray tube is put in a hole in the side of a large bottle, capable of holding two or three quarts, upon the mouth of which is fitted a rubber face cap, such as used by dentists for their nitrous oxide inhalers. The bottle is placed in a box, which is suspended from the ceiling, and can be raised or lowered to suit the height of each patient. The spray tube is connected with the compressed air of about

thirty pounds pressure, which forces the liquid in the tube as a spray against the side of the bottle, and breaks it into fine vapor. The patient is directed to apply rubber face cap over mouth and nose, and inhale the vapor, which is formed in the bottle. The inhalation is continued ten or fifteen minutes at each sitting, unless it should prove too irritating to the patient.

He concludes the report as follows :

After having watched carefully for about twelve weeks the treatment of between forty and fifty cases by this method, I now believe it to be of great benefit in a certain number of cases of phthisis, while in some it proves of no benefit whatever, and in others, if continued I am afraid it only hastens their death. But I have failed to see a single case of incipient phthisis so far, which has not been benefitted by this mode of treatment.

Certain other diseases of the lungs and bronchial tubes besides phthisis, I believe, will be greatly benefitted by this mode of treatment, especially the injection of iodine.

You will observe that I do not claim it to be of benefit in all cases of phthisis, but what I do claim for it is, that when associated with proper medicinal and hygienic treatment, it will be able to save many of those who are now constantly suffering from this dreaded disease.

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**RESUME OF MEDICAL PRACTICE ACTS IN THE DIFFERENT STATES.—ALABAMA.**—Examination and endorsement of diploma by a County Medical Society. Violation of law, \$100 fine.

**ARIZONA.**—Register diploma with county recorder. No examination.

**ARKANSAS.**—Five years' practice in State. Registration of diploma, or examination by State Board of Examiners.

**CALIFORNIA.**—Registration of diploma after endorsement by the State Board of either of the schools. After 1890-91, three sessions of six months each in separate years.

**COLORADO.**—Endorsement of diploma or examination by State Board of Examiners. After July 1, 1893, three years' study, including three sessions of at least twenty weeks each in different college years.

**CONNECTICUT.**—No law, except against advertising itinerant physicians.

**DAKOTA.**—Endorsement of diploma or examination by board. After 1891, three sessions required.

**DELAWARE.**—Eight years' practice in State. Registration and license by county clerk.

**DISTRICT OF COLUMBIA.**—Endorsement of diploma or examination by State Medical Board.

**FLORIDA.**—Endorsement of diploma or examination by either State Board of Examiners. The Homeopathic Board, which meets semi-annually, will endorse eclectic diplomas.

**GEORGIA.**—Register diploma before Clerk of Superior Court.

**IDAHO.**—Record diploma at county seat.

**ILLINOIS.**—Endorsement of diploma for registration or examination by State Board. Preliminary entrance examination required, or equivalent. After 1890–91, four years' study, and three sessions of at least twenty weeks each.

**INDIANA.**—Registration of diploma before county clerk.

**INDIAN TERRITORY.**—Examination or registration before different boards in each Indian nation.

**IOWA.**—Endorsement of diploma or examination and registration by State Board of Medical examiners. After 1890–91, four years reading, and three sessions of six months each in different years.

**KANSAS.**—Certificates issued by either of the three State societies.

**KENTUCKY.**—Registration and endorsement of diploma by Secretary of State Board of Health, or ten years' practice.

**LOUISIANA.**—Recording diploma before county clerk or justice of the peace after endorsement of same by State Board, which is "required to certify to the diploma of any medical institution of credit and respectability, without regard to its system of therapeutics."

**MAINE.**—No law.

**MARYLAND.**—Certificates issued by State Board of Health and recorded.

**MASSACHUSETTS.**—No law.

**MICHIGAN.**—Record diploma with county clerk.

**MINNESOTA.**—Examination by State Board of Examiners without regard to diploma. Certificate of three sessions college attendance required.

**MISSISSIPPI.**—Examination by a County Board of Medical Censors.

**MISSOURI.**—Registration after examination or endorsement of diploma by State Board of Medical Examiners.

**MONTANA.**—Ten years' practice or endorsement and registration of diploma, or examination by State Board. Three sessions of at least four months now required.

**NEBRASKA.**—Registration before county clerk.

**NEVADA.**—Registration of diploma before county recorder. Penalty \$500 for violation.

**NEW HAMPSHIRE.**—Board of Censors of each medical society can issue licenses.

**NEW JERSEY.**—Record of a copy of diploma from "legally chartered medical college of any State" with county recorder.

**NEW YORK.**—Endorsement of diploma for registration by any college within the State. Students who began study of medicine after June, 1889, must have certificate of regular preliminary qualifications, and pass examination before either of the three State Boards in addition to attendance upon a college requiring at least three sessions.

**NORTH CAROLINA.**—Examination by State Board.

**OHIO.**—No law enforced, except the one prohibiting any physician from suing patients for service unless he holds a diploma.

**OREGON.**—Registration after endorsement or examination by State Board of Examiners.

**PENNSYLVANIA.**—Registration of diploma before county prothonotary after endorsement by some medical college within the State. College allowed to charge a fee of \$25 for examination.

**RHODE ISLAND.**—No law.

**SOUTH CAROLINA.**—Endorsement of diploma of examination by a college within the State, or State Board of Medical Examiners.

**TENNESSEE.**—Registration after endorsement of diploma, or examination by State Board.

**TEXAS.**—Registration after endorsement of diploma, or examination by a District Board of Examiners.

**VERMONT.**—Registration after endorsement of diploma, or examination by a Board of Medical Censors appointed by either State Medical Society.

**VIRGINIA.**—Examination only by State or District Examining Boards.

**WASHINGTON.**—Examination or endorsement of Diploma by State Medical Board.

**WEST VIRGINIA.**—Registration after endorsement by the State Board of Health.

**WISCONSIN.**—Examination or endorsement of diploma by any State or county society.—*Medical World.*

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**SWEATING OF FEET.**—I wish to make a report of a case, although one case does not determine the method of treatment for a given disease. I recently had a case of sweating of the feet. The means I employed in this case were very simple. I had the patient bathe the feet in a solution of bichloride of mercury, 1 to 1,000 morning and evening. After rubbing the surface carefully so as to remove the dead epidermis macerated by the sweat, I directed the following course, which is partly though not wholly original: I had a plaster sole, partly soaked in a bichloride solution, put in the shoe, the solution being 1 to 1,000. After drying the sole and placing it in the shoe, I sprinkled it with powdered boric acid. As regards the advantage of this method of treatment there is much diversity of opinion. In this case the result was quite satisfactory. If this treatment were uniformly successful it would point to a micro-organismic origin for the disease rather than a neurological. My experience has been too short to determine, but this I know, that in many cases, especially of the lighter forms, it is of nervous origin. I have always found it much easier to cure simple hyperidrosis of the feet than the hands, and have found that Hebra's method with

diachylon ointment is the only one promising any hopes of success. I have tried many other means recommended by worthy men, but always had to return to the diachylon. The inconvenience of this latter method is great, but patients bear it, or will bear any treatment that will help to get rid of the disagreeable disease. This is especially true of women.—*Dr. I. N. Bloom, in Atlanta Medical and Surgical Journal.*

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**A LEARNED JUDGE.** — The *Medical Standard* for October publishes the decision of Chief Justice Thayer, of Oregon, in a recent malpractice suit, of which the following is a brief summary: He holds that the practice of the courts, in allowing juries to determine these cases, is unjust to the medical profession, because it encourages the institution of suits against physicians. The surgeon cannot always be expected to achieve the success he desires, for the reason that causes for which he cannot be responsible may interfere. The average juror is unfitted to decide such cases, and the trial court should never allow them to be submitted to the jury unless the plaintiff has shown by proof that the defendant is guilty of the charge. People who devote their lives to relieving the suffering of mankind should be encouraged, and the way suits for malpractice are often conducted has the opposite effect, and it is apt to leave the performance of many important duties to reckless and irresponsible empirics.

The decision of Chief Justice Thayer, of Oregon, is rational and just. The profession has long suffered from the injustice of jurors, whose prejudices and sympathies have given ruinous and unjust verdicts against physicians and surgeons. Men devote their lives to the study of their profession, render eminent service to their patients, and then are compelled to pay heavy damages because nature was too weak to respond to remedies. For quacks we have no sympathy. We would have them suffer just penalties for trifling, in their ignorance, and unskilfulness, with the bodies and lives of men. It is the surgeon, in particular, who stands most in need of the protection of such a rule as the Oregon judge lays down. The most skilful surgeon cannot be an insurer against the resistance of nature to his treatment.

The sympathy of the jury is usually with the plaintiff in advance, and it is grossly unjust in a judge to allow a malpractice case to go to the jury, unless expert testimony justifies it. The judge should be impartial. He should be the protector of the physician and surgeon against passion and prejudice and sympathy, as he should be of the plaintiff against unskilfulness and quackery. Unless a case is made by scientific witnesses against the party sued for malpractice, the Court should refuse to allow the case to go to the jury. In commercial cases the Court grants a non-suit, unless a prima facie case is made. Why a different rule when the reputation of a physician or a surgeon is at stake, and a heavy claim for damages is made?

Suits for malpractice are often brought by poor patients who have been gratuitously treated, instigated by lawyers who take the chances of a large verdict for their large reward. They are speculative suits, which courts should not encourage. Honorable members of our profession devote years to preparation for its duties, and their studies never end. They respond to the call of the poor as readily as of the rich, and, with few exceptions, the pecuniary results of their toilsome lives is small. Their reputation is sacred to them, and, while we have no plea for the quack, we invoke the protection of the courts against the speculative persecutions and prosecutions of men who give honest and intelligent service to their patients.—*Buffalo Medical and Surgical Journal*.

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EMPYEMA.—Prof. Bayard Holmes, M.D., in a lecture delivered at the Chicago Post-Graduate Medical School, which we find in *Journal of the American Medical Association*, April 4, concludes the above subject as follows :

1. Serous effusions must be removed whenever they interfere with respiration or circulation by their extent, or when they show a tendency to remain after recovery from the primary disease which gave rise to their presence. The aspirator may be found sufficient in these cases, but when inadequate after repeated trials, one of the more radical and permanent methods of drainage must be resorted to.



2. Pyogenic and tubercular effusions of large size or of small size must be immediately and permanently drained.

3. Drainage into a vacuum must be practiced in all cases of bilateral effusion without adhesive limitation, and in those cases of unilateral effusion in which the opposite lung is so incapacitated as to be inadequate for respiration. It may be practiced in all cases in which the expansibility of the lung is intact and the patient can have skilled attention. It will be found of the greatest value in limiting the extent of the empyemic cavity, which may be afterward drained against the atmosphere.

4. Intercostal incision and antiseptic irrigation of the cavity to a point reaching a practically aseptic condition of the same, and permanent closure of the incision, is indicated when the expansibility of the lung is intact and the skill of the operator is sufficient.

5. Rib restriction and thorough drainage should be practiced in all cases of tubercular effusion, and pyogenic effusions which are not treated early, or those occurring in patients who cannot have the best of care.

6. Operation must never be delayed on account of the extreme condition of the patient, nor on account of the presence of tuberculosis in one or both lungs, nor on account of the presence of pneumonia on the same side. All of these conditions are additional indications for radical operation.

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## *Editorial.*

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### FIFTY-EIGHTH ANNUAL MEETING OF THE TENNESSEE STATE MEDICAL SOCIETY.

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*Held at Nashville, Tenn., April 14, 15 and 16, 1891.*

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A flattering number of delegates assembled in Watkins Institute Tuesday, April 14, for the forty-eighth annual session of the State Medical Society.

At 10:30 o'clock Dr. G. A. Baxter, of Chattanooga, called the Society to order.

The proceedings were opened with prayer by Rev. C. D. Elliott, D. D.

Dr. Baxter announced that the first order of business would be an address by Dr. J. D. Plunket, Chairman of the Committee of Arrangements.

Dr. Plunket said the committee had taken the liberty to depart from the usual routine, and the threadbare address of welcome would be dispensed with. Instead, they hoped to entertain the delegates at night by a well-arranged programme, including addresses by the Mayor and other prominent citizens.

Dr. Plunket said that he had received invitations for the delegates to visit Fisk University, the Nashville College for Young Ladies, and Central Tennessee College.

The Nashville Academy of Medicine extended to the delegates the use of their hall.

The Committee on Credentials was announced, and a number of new applications were referred to them.

Dr. D. E. Nelson, of Chattanooga, Secretary, reported that there were 342 names on the roll of membership.

Dr. J. P. Walker, of Dyersburg, Treasurer, submitted his report. He reported: Receipts, \$533.87; disbursements, \$450.05; balance on hand, \$83.

The report was referred to an Auditing Committee, composed of Drs. Happell, Witherspoon and Drake.

The Committee on Credentials reported on the application of twenty-four doctors for membership, recommending their election. They were elected. Delegates from Maury County and Chattanooga Medical Societies, and also from the Nashville Academy of Medicine, were reported.

The report of the Committee on Legislation was deferred until the afternoon session.

Dr. F. T. Smith, of Chattanooga, appealed from the report of the Committee on Publication, and entered a complaint to the effect that the paper read by him at the last meeting, describing some new instruments invented by him, had been left out by Dr. Nelson, the Secretary. He asked that his paper be printed.

Dr. Nelson stated that he did not receive the paper in time for publication.

Dr. D. J. Roberts moved that the paper be published in the proceedings this year, with a note that it was left out without authority.

Dr. J. S. Cain thought the matter should be referred to the Committee on Publication.

Dr. Duncan Eve thought the Committee on Publication should be upheld in their action. He, therefore, moved to lay both resolution and amendment on the table. This motion failed.

The motion, as amended by Dr. Cain, referring the matter to the committee, was adopted.

Dr. Walker moved that Dr. J. F. Grant, a former President of the Society, be elected an honorary member of the Society for life. The motion prevailed, and Dr. Grant was elected.

The first paper read was on "Abscesses," by Dr. T. J. Happell, of Trenton.

The venerable Dr. Thomas Lipscomb, of Shelbyville, was present. He was invited to a seat on the platform. Dr. Lipscomb is 83 years old, being the oldest member of the Society. He has missed but few meetings since the organization of the Society, fifty-eight years ago.

#### AFTERNOON SESSION.

The acoustic properties of Watkins' Hall not being suitable for the discussions from the floor, the Society met in the afternoon, and subsequently in the Senate Chamber of the Capitol.

The Society was called to order by the President at 2:15 P. M., and Dr. J. B. Murphree, from the Committee on Legislation, made a verbal report, in which he stated the changes which were made by the last Legislature in the law regulating the practice of medicine. He said the progress so far made in this direction indicated that it would not be long before they would have such a law on the subject as all would be proud of.

The reading of papers were resumed.

Dr. George R. West, of Chattanooga, read a paper on "Ovulation and Menstruation." The paper was of a historic nature, and consisted of a review of the theories on the subject.

The paper was discussed by Drs. J. B. Neil, W. D. Haggard and J. S. Cain, of Nashville.

Dr. Thomas M. Woodson, of Gallatin, read a paper on "The Treatment of Pneumonia; the Past and Present Methods. Has the Rate of Mortality been Changed?" This paper was discussed by Drs. J. B. Cowan, J. T. Happell, J. A. Witherspoon, G. B. Gillespie, T. K. Powell, J. W. Penn, N. T. Dulaney, J. S. Cain and J. F. Grant, Dr. Woodson closing.

Dr. J. R. Buist read a paper on "Phthisis, Pulmonalis, with Special Reference to Prophylaxis."

At the conclusion of the reading of this paper, and some discussion, participated in by several members, the Society adjourned until 8 P. M.

#### NIGHT SESSION.

The Society was right royally welcomed at Watkins Institute in the evening. The hall was well filled with well-dressed men and beautiful women. The stage was decorated with potted plants and cut flowers, while an immense floral piece reading "T. S. M. S., 1891," sat on one side of the stage.

Dr. J. D. Plunket presided with grace and dignity. The music, both vocal and instrumental, was excellent.

The proceedings were opened with prayer by Rev. Jerry Witherspoon, who fervently and eloquently prayed that the meetings of the Society might result in great good, and that great discoveries might be made in the science that would further advance the profession.

The Misses Wessel and Prof. Klemm then rendered a selection from Haydn, on the piano, violin and violoncello.

Dr. Plunket stated that the purpose of the meeting was to extend a cordial welcome to the Society.

The audience was so well pleased with the singing of the quartette, composed of Messrs. Bearden, Connors, Harley and Muller, that they were compelled to respond to a hearty encore.

Mayor Litterer was introduced. He said it afforded him much pleasure to extend a hearty welcome. The city had two as good schools as were in the country. Years ago it may have been necessary to go to New York or Philadelphia to finish, but it was not the case now. He hoped that at an early date it would be necessary to come here to finish. He again welcomed the association.

Mrs. A. H. Stewart then sang, as only she can sing, "Heaven Hath Shed a Tear." She was accompanied by Prof. Klemm and Miss Wessel on the violoncello and piano.

Dr. Plunket announced that Gov. Buchanan was prevented from being present by severe indisposition. He had, however, sent his able lieutenant. He then introduced Gen. H. H. Norman.

Gen. Norman spoke as follows :

Gentlemen of the Medical Association of Tennessee: It is with heartfelt pleasure that I greet this assembly of intelligent, learned and distinguished physicians of the Medical Association. Societies, asso-

ciations and unions are the necessary outgrowths of a progressive civilization. To-day every profession, vocation and trade realizing the good that comes from a union of thought and action, an interchange of ideas and experiences, have entered into such associations. This is well. It is as it should be. It infuses a spirit of progress, begets a professional pride, strengthens a fraternal feeling, and accomplishes great good.

No art or science is more beneficial to humanity than the healing art, and none stands higher in the category of science ; so, whatever may be one's vocation in life, all alike are interested in the physician and his work, and are ready to bid you a God-speed in your efforts to relieve the world of the ills that flesh is heir to. The tie that binds you to all the rest of mankind is too strong to be broken, and will only grow stronger as new discoveries and developments are made in the world of medicine. I am glad to welcome such an association to the capital of the great State of Tennessee.

Prof. Edward Beigh's fantasie on the flute gave much pleasure. He was accompanied by Mrs. Stewart.

Judge J. M. Dickinson was then introduced. He said he would perform the duty of welcoming the Association in no perfunctory way. Nashville delighted to show especial honor to those whose lives were devoted to relieving the sufferings of others, and more especially when those standing at the gates were Tennesseans. He eloquently extended a cordial welcome. Eulogy was the savory incense, he said, which exuded in an occasion like this. All over the country were being erected monuments to the physician's skill. The gentlemen could not claim all the credit therefor, for some of them were due to the 1600 unregistered physicians who had never seen inside the walls of a college.

Judge Dickinson made a most humorous comparison of the wild and woolly medical students and the calm, dignified gentlemanliness that was a distinguished characteristic of the profession. It was a case of before and after taking. He said that the doctor possessed many advantages over other professions ; for instance, the law. If a doctor lost a case, his client never complained.

Judge Dickinson then went on to say that it was charged that offices were purchased and conventions bought, lobbies worked a powerful influence, and the country had become the dumping ground for the criminal classes of the world. The physicians had sunken into a state of political coma. The loss to the State by the failure to take

an interest in political affairs was incalculable. Every one should be a Levite about the altars of the country and become a political factor. He did not urge that they take office, but thought that they might furnish spark enough to test coal oil. They should be alive to matters of public interest and assist in moulding public sentiment. They were near the hearts of the people. At the last State election only fifty-eight votes were cast for each of the 3500 registered physicians. Judge Dickinson's address was full of wisdom, relieved by much humor. He was vigorously applauded.

Miss Henrietta Wessel then rendered "Home, Sweet Home," on the harp. The audience insisted on hearing her again, and as an encore she gave further delight by an exquisite rendition of "Annie Laurie."

President G. A. Baxter then delivered his annual address. He said he would discuss in a general way several topics of interest to the profession and the public: He first discussed the difference between the medical man of fifty years ago and now. His character shone forth pure and bold. Dr. Baxter lauded the old physician of years ago. One-third of his life was given to charity, one-third wittingly or unwittingly stolen from him, while the remaining third was led to bear the burden of the whole.

How stood the profession to-day? Where was gone the lofty social position? Had the profession deteriorated? No. Young men of to-day gave their days to labor and the nights to study. New fields were mapped out and almost any discovery was made possible. Who ever heard of a reputable medical man patenting an instrument and filling his pockets while humanity suffered? He called attention to the publicity of the discoveries of Morton, Pasteur and Koch. Had they lived in America, genius would have still had to struggle for subsistence. One hundred thousand soldiers were pensioned, but not a penny went to self-denying scientists. Merit was not rewarded, but through patent and copyright laws impostors were benefited. Greater frauds than lotteries were fostered by allowing lying advertisements to go through the mails. Scientific medicine acknowledged no specifics.

He then discussed patent medicines in general. They were the illegitimate offspring of scientific medicine. This was another hurtful change.

Scientific medicine had advanced so rapidly that it was claimed that no man could cover the entire field. Specialists were on the increase.

No man could be a good specialist until he was a good general physician.

A new impulse had been given experimentation and education. The medical practice of to-day demanded a constant, vigilant study. Medical colleges had elevated the profession. Were it not for these schools restriction would not be possible.

He then explained the code of professional ethics, and defended it. It was sought only to restrain the vicious. He went into details, showing whence it was deserving of the commendation, rather than condemnation, of the public.

The "Cuckoo Song" was then given by Miss Lilly Pearl Levy. Her splendid voice was so pleasing, that notwithstanding the lateness of the hour, she was recalled, and sang again.

Mrs. Stewart and Miss Levy then gave a selection from "Don Quixote." Prof. Louis Klemm followed with a choice selection on the violoncello, and the audience was dismissed.

#### SECOND DAY—MORNING SESSION.

The Society reassembled in the Senate Chamber at 9:30 A. M. Wednesday, April 15, President Baxter in the chair. Quite a number of additional members, delegates and new members were registered.

Dr. Plunket announced invitations to visit the City Hospital, Roger Williams University, and the Tennessee School for Blind.

Dr. J. W. Penn, of Humboldt, presented a patient and stated his case, and on motion a committee composed of Drs. Maddin, C. S. Briggs, Drake, Pillow and Woodson was appointed to suggest relief.

Dr. Drake spoke on the paper read by Dr. Buist the preceding day.

Dr. Deering J. Roberts complimented Dr. Buist's paper in high terms, and offered the following resolution, which was adopted:

*Resolved*, That the Society refer the paper of Dr. Buist, on "Prophylaxis in Tuberculosis," to the State Board of Health, and recommend its publication in the Bulletin of the State Board of Health.

Dr. Douglas, of Nashville, read a paper on "The Anatomy of the Ileo-Cæcal Region." He reported three cases of inflammation and ulceration of the appendix, and one of the posterior wall of cæcum. He stated the symptoms and suggested a course of relief in cases of peritonitis.

Dr. T. J. Happel, Secretary of the State Board of Medical Examiners, made a report. He stated that only two members had taken any interest in legislation. Only three of the six amendments asked

were enacted. If members had taken any interest all could have been secured, as members of the Legislature said their physicians had said nothing to them about the amendments, and they supposed if they favored them they would have said so. The law was, however, vastly improved. It could now be enforced. Members could see that it was not violated.

Every member of the profession, he said, should watch the work of new men moving in. They should aid the board in enforcing the law. He then went on to say that one of the amendments to the law gave the power to the board to decide what were reputable colleges, and discussed the question of whether the standard of medicine should be raised or lowered. Only eight States had no law regulating medical practice. In a number of States a three-years' course was required and examinations had regardless of diplomas.

As to the work of the board: At the time of the Chattanooga meeting 3,175 physicians had been registered. Since then the board had altogether issued 370 certificates, 326 to graduates, and 44 to non-graduates. Altogether there were in the State 3,545 registered physicians, of which 2,006 were graduates, and 1,539 non-graduates. Of the graduates, 25 were homœopathic and 76 eclectic.

Dr. Happel then stated that the failure of the amendment making fees \$5, left the board without any money and unable to publish its proceedings. Members had to furnish their own stationery and stamps. He asked that the society take some action on any amendments favored.

Dr. Buist thought the matter most important, and moved that a committee of five be appointed.

Dr. J. B. Neil stated the difficulty with which the amendments were carried, owing to the small number of men working for them.

Dr. Buist's motion was adopted.

The election of officers was made a special order for 2 o'clock.

Dr. C. W. Beaumont, of Clarksville, read a paper on "Preparatory Treatment of Parturient Women."

Dr. J. Bunyan Stevens endorsed the paper heartily. Women paid too little attention to their condition. Days, weeks, and even years, of suffering could be prevented.

Dr. T. J. Happel said he announced to his patrons that he did not want to attend a case of obstetrics without having previously known the condition of his patient.



Dr. Powell also spoke, giving his course of preparation for parturition.

Dr. Cowan, of Tullahoma, endorsed the suggestions made.

The Society adjourned until 2 o'clock.

#### AFTERNOON SESSION.

When the Tennessee State Medical Society reassembled at 2 o'clock in the afternoon, Dr. Drake, of Knoxville, exhibited Koch's instrument for injecting lymph, also a specimen of the lymph, and discussed the preparation.

Dr. Savage spoke in the interest of the Ophthalmic Record, and also invited such members as remained over to attend the meeting of the Academy of Medicine in the evening.

The special order, being the election of officers, was then taken up. Nominations for President were declared in order.

Dr. Drake, of Knoxville, nominated J. W. Penn, of Gibson County.

Dr. Drake, of Chattanooga, nominated Dr. T. K. Powell, of Haywood County.

The death of Drs. Geo. Fossett, of Rutherford, Frank Hollowell, of Davidson, and Frank P. Bayle, of Roane, was announced.

Dr. Penn received 59 votes and Dr. Powell 37. The election of Dr. Penn was made unanimous.

Dr. Baxter thanked the Society for the courtesies extended him, and appointed Drs. Dulaney and Plunket to escort the new President to the chair.

President Penn expressed his appreciation of the honor.

Dr. Drake moved that the thanks of the Society be extended to the retiring President. Carried.

For Vice-President for Middle Tennessee, Dr. J. A. Witherspoon, of Columbia, was unanimously elected.

For Vice-President for West Tennessee, Drs. C. H. Lovelace, of Weakley, and G. B. Gillespie, of Tipton, were placed in nomination.

Dr. Lovelace received 60 votes and Dr. Gillespie 33. Made unanimous.

For Vice-President for East Tennessee, Dr. C. E. Ristine, of Knoxville, was unanimously elected.

Secretary D. E. Nelson and Treasurer J. P. C. Walker were unanimously re-elected.

The Society then proceeded to select the next place of meeting.

Dr. Drake, of Knoxville, presented the claims of that city.

Dr. Baxter urged that Chattanooga be selected.

After considerable discussion Knoxville was selected by a vote of 50 to 42.

The Auditing Committee reported the Treasurer's books correct.

Dr. C. M. Sebastian, of Martin, read a reply to the criticisms on his paper on the question, "Has Progress Been Made in the Treatment of Typhoid Fever?"

Dr. J. S. Cain read a paper on "Chronic Endo-Metritis."

The paper of Dr. Cain was discussed by Drs. Haggard, Ristine, Douglas, Coop and Richardson.

Adjourned until 8 P.M.

#### THE NIGHT SESSION.

The Society reassembled in the Senate Chamber at 8 o'clock.

The discussion of Dr. Cain's paper on "Chronic Endo-Metritis" was resumed. Dr. Sheddin, of Maury County, said he did not approve of the use of electricity in this disease, and questioned the propriety of using electricity in any case.

In closing the argument, Dr. Cain took occasion to say that a great many physicians had used galvanism very successfully when other remedies had failed, and in the hands of an experienced man valuable service had been rendered.

The paper was referred to the Committee on Publication.

Dr. A. J. Swaney, of Gallatin, read a valuable paper on "Retention of the Placenta of Miscarriage—How shall we treat such Cases?"

Dr. Richard Douglas entered into a discussion of the paper, and said it was one of the best papers read during the session.

Dr. Baxter spoke of the paper in eulogistic terms. Dr. Haggard, Dr. Coop, Dr. J. B. Stephens, Dr. Witherspoon, Dr. Happel, Dr. J. W. Maddin, Dr. D. J. Roberts and Dr. Key also discussed the subject. The paper brought out a great diversity of opinion in the treatment of such cases, and the argument grew quite spirited.

The paper was referred to the Committee on Publication.

The Society adjourned until 9 o'clock Thursday morning.

#### THIRD DAY—MORNING SESSION.

The Society reconvened in the Senate Chamber at 9 o'clock Thursday morning, and was called to order by President Penn, who announced the following committees:

# FRELIGH'S TABLETS,

(Cough and Constituent),

## For the Prevention and Cure of

# PULMONARY PHTHISIS

### FORMULÆ

#### COUGH TABLETS.

##### EACH TABLET CONTAINS.

Morph. Sulph. [1-50 gr.], Atropiæ Sulph. [1-500 gr.], Codeia 1-50 gr., Antimony Tart. [1-25 gr.], Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox, and Lachesis, fractionally so arranged as to accomplish every indication in any form of cough.

#### Constituent Tablets.

##### EACH TABLET CONTAINS.

Arsenicum [1-50 gr.], Precipit to Carb. of Iron, Phos. Lime, Carb. Lime, Silica, and the other ultimate constituents, according to physiological chemistry, [normally] in the human organism together with Caraccas, Coca and Sugar.

### Price, Three Dollars Per Double Box.

Containing sufficient Tablets of each kind to last from one to three months according to the condition of the patient.

*A Connecticut physician writes:*

"I am now using your Tablets on a patient (young lady), who has had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morr. h., Syr. Hypophos. Co., etc., with no apparent benefit."

*A Virginia physician writes:*

"Enclosed find Postal Note for another double box Freligh's Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second, and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

*A Massachusetts physician, in practice 25 years, writes:*

"Send me two double boxes Freligh's Tablets. I have tried the sample box with most excellent results."

*A Michigan physician writes:*

"I am more than pleased with them. They have not disappointed me once. Dr. C. for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

### SPECIAL OFFER.

While the above formulæ have been in use, in private practice, over 80 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes, (retail price, Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card, letter-head, or some proof that the applicant is a physician in active practice, MUST accompany each application. Pamphlet, with full particulars, price-list, etc., on request.

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Our Special Offer is still open, to send to any physician, on receipt of 25 cents, and his card or letter-head, half a dozen samples, delivered, charges prepaid. Each sample is sufficient to test it for a week in one case.

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It is a well-known physiological fact that the phosphates are involved in all waste and repair, and are consumed with every effort. The quantity secreted by the kidneys is increased by labor of the muscles.

In the healthy organization the phosphate of lime exists in the muscles and bones. This phosphate is supplied by this preparation in such form as to be readily assimilated.

Dr. J. P. COWLES, Camden, Me. says: "I have used it in cases of physical debility arising from exhaustive habits or labors, with beneficial results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

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Stockings, Abdominal Supporters, Crutches,  
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All kinds of Repairing and Polishing promptly attended to.

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**NASHVILLE, TENN.**

**Committee on Arrangements**—Drs. C. M. Drake, C. Deadrick, J. W. Hill, J. C. Cawood and R. M. C. Hill, of Knoxville.

**Committee on Credentials**—Drs. J. S. Cain, Nashville; N. T. Dulaney, Bristol; P. D. Sims, Chattanooga; Paul F. Eve, Nashville; G. B. Gillespie, Covington; J. L. Jones, Bells; G. B. Thornton, Memphis.

**Committee on Necrology**—Drs. Thos. Lipscomb, Shelbyville; C. S. Briggs, Nashville; D. D. Saunders, Memphis; A. H. Young, Ripley; J. H. Murfree, Murfreesboro; C. Deadrick, Knoxville; H. W. Tate, Bolivar.

**Committee on Legislation**—Drs. Duncan Eve, Nashville; T. J. Happel, Trenton; H. L. McReynolds, Chattanooga; J. C. Cawood, Knoxville; J. B. Cowan, Tullahoma.

**Committee on Publication**—Drs. D. E. Nelson, G. W. Drake, B. J. Trippe, T. C. V. Barkley and A. W. Boyd, all of Chattanooga.

**Judicial Council**—Composed of all living ex-Presidents.

**Delegates to the American Medical Association, meeting at Washington, May 5th**—Drs. J. W. B. Nowlin, Nashville; J. S. Cain, Nashville; C. H. Lovelace, Dukedom; Chas. M. Drake, Knoxville; T. J. Happel, Trenton; D. E. Nelson, Chattanooga; P. D. Sims, Chattanooga; J. P. C. Walker, Dyersburg; T. K. Powell, Dancyville; J. T. Jones, Jackson; J. A. Crook, Bell Buckle; L. C. Chisholm, Orinda; C. S. Briggs, Nashville; Duncan Eve, Nashville; C. E. Ristine, Knoxville; A. H. Young, Ripley; G. H. Sullivan, Gadsden; N. T. Dulaney, Bristol; Paul F. Eve, Nashville; R. Cheatham, Nashville; R. M. C. Hill, Knoxville; H. W. Tate, Bolivar; W. A. H. Cook, Dyersburg; D. F. Wright, Clarksville; D. J. Roberts, Nashville; C. M. Sebastian, Martin; J. W. Maddin, Sr., Nashville; W. D. Haggard, Nashville; T. A. Atchison, Nashville; T. L. Maddin, Nashville. In addition to the above, any member in good standing who intends to attend the meeting of the American Medical Association by sending in their name to the Secretary will be appointed a delegate, in the event that any vacancies in the pro rata of representation existed.

Dr. J. A. Witherspoon, of Columbia, read an interesting and valuable paper on "Diabetes." It was discussed by Drs. J. B. Neil and D. J. Roberts, of Nashville; N. T. Dulaney, of Bristol; and T. J. Happel, of Trenton.

Dr. Happel offered an amendment to the by-laws, that members should not receive the proceedings of the Society until all dues were paid in full. Adopted.

Dr. J. W. Handly, of Nashville, read a paper on the treatment of urethral stricture.

Drs. Cain and Keys spoke on the paper.

The Treasurer was authorized to settle an indebtedness of \$50 in favor of Secretary Nelson.

Dr. W. T. Briggs read a paper on the treatment of wounds of the intra-cranial sinuses, giving three interesting cases and the methods of treatment.

In discussing the paper, Dr. Eve spoke on the arrest of hemorrhage. Drs. Baxter, Keys, C. M. Drake and Grant also discussed the paper.

Dr. J. L. Jones read a paper on "Indigo as an Emmenagogue."

Drs. Douglas, Vertrees, Coop, Savage, Witherspoon and Grant spoke.

On motion of Dr. Drake, of Chattanooga, \$50 was appropriated for the Secretary for last year's services.

Resolutions of thanks to the officers were offered by Dr. Drake, of Knoxville, and adopted.

Adjourned until 2:30 P.M.

#### AFTERNOON SESSION.

The afternoon session was principally taken up by the reading of two papers, as follows: "Posology," by Dr. W. M. Vertrees; "A Plea for Early Operative Interference in Ovarian Tumors," by Dr. J. H. Blanks. Both were endorsed by the Association.

Dr. B. P. Key, of Nashville, reported a case of vesico and recto vaginal fistula. The report was interesting, and met with the hearty approval of the Society.

Dr. Happel offered a resolution of thanks to Senator Neil and Representative Rains for their earnest efforts in securing the passage of the bill regulating the practice of medicine in the State. The resolution was unanimously adopted.

The Association then adjourned *sine die*.

The fifty-eighth session, taken altogether, was as interesting and satisfactory as any previously held. While the attendance was quite large, about 200 being present, the number of papers read was smaller than on some previous sessions. They were, however, without an exception, of an unusually high order of merit, and the very spirited and able discussions following nearly every paper were not only instructive, but were highly appreciated by all.

Three exhibitors were in attendance : a representative of Fairchilds, Bros. & Foster, with a full line of samples of their excellent and invaluable preparations of pepsin and pancreatine ; a representative of the Malted Milk Co., of Racine, Wis., and the portly, courteous and affable representative of Tarrant & Co., who liberally supplied the members with Leopold Hoff's most excellent preparation of malt.

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### AMERICAN MEDICAL ASSOCIATION.

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The forty-second annual session will be held in Washington, D. C., May 5, 6, 7 and 8, commencing on Tuesday at 11 A. M. Delegates receive their appointments from permanently organized State Medical Societies, County and District Medical Societies, recognized by representation in their respective State Societies, and from the Medical Departments of the Army and Navy, and the Marine-Hospital Service of the United States. The number of delegates for any particular State, County, or town, shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

*Members by Application* shall consist of such members of the State, County and District Medical Societies entitled to representation in this Association as shall make application in writing to the Treasurer, and accompany said application with a certificate of good standing, signed by the President and Secretary of the Society of which they are members, and the amount of the annual membership fee, five dollars. They shall have their names upon the roll, and have all the rights and privileges accorded to permanent members, and shall retain their membership upon the same terms.

At the session of 1888 it was resolved that in future each delegate or permanent member shall, when he registers, also record the name of the Section, if any, that he will attend, and in which he will cast his vote for Section officers. Secretaries of Medical Societies, as above designated, are earnestly requested to forward, at once, lists of their delegates.

*Committee on Arrangements.*—Dr. D. C. Patterson, Chairman, 919 I street, N. W., Washington, D. C. Dr. William B. Atkinson, of Philadelphia, *Permanent Secretary*.

Railroad rates at one and one-third fare can be secured by obtaining certificate at starting point, setting forth the fact that full fare has

been paid over the various roads going, and presenting same at R. R. office at Washington, endorsed by Secretary of the Association, when return ticket will be furnished at one-third full rate.

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### SOCIETY DISCUSSIONS.

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“The very excellent, elaborate, exhaustive, and complete paper just read—in fact, one of the very best papers I have ever listened to,” etc., etc.

“The paper, and the discussion that has already taken place, have been so thorough that there is nothing to be added.”

The above paragraphs might very well be stereotyped by all printing offices engaged in the publication of medical society discussions. The uniformity with which they occur, in all medical organizations from the American Medical Association down to the most insignificant county or local society, not leaving out those organizations devoted exclusively to some of the pet specialties, has become somewhat monotonous. Having been a reasonably regular attendant in all society meetings in my reach for nearly a third of a century, the above phrases, or the sum and substance of them, with their “damnable iteration and reiteration,” if I may be pardoned the expression, have become to some extent disgusting. If each successive paper is the “very best,” what wonderful advances we are making—our progress is indeed stupendous! If the subject has been so exhausted that there is nothing to be added, why say anything?

All this balderdash, clap-trap and poppycock taffyism and flunkeyism is entirely unnecessary. It is not necessary, to show your approval of a paper or its sentiments, that you get up and in a string of meaningless verbosity go over the whole ground again. You may be very well pleased at the sound of your own voice, but like the frogs in the fable, what is fun to you may be anything else to others.

In quite a number of instances, when a personal acquaintance had developed the knowledge, I have known one member of the profession, rising to his feet with alacrity at the conclusion of the reading of a paper by a personal and bitter enemy—one with whom he was not on speaking terms—launch out into a string of empty and verbose compliments, and then proceed, with the venom of a viper or the ferocity of a rabid animal, to cut and slash, carp and cavil, and in every manner criticise and abuse the entire production. Is this rea-



sonable? Is it just? Does it in any way advance the wheels of progress of our science and art?

If a paper has exhausted a subject, or that part of it to which it is devoted, further consideration is unnecessary, discussion is out of place — notwithstanding some gentlemen think that if a paper be not discussed it has fallen flat, stale and unprofitable.

Do not misunderstand me, as being opposed to discussion of society papers; by no means — I am far from it. Some — yes, much valuable information is by this means frequently elicited. My protest is simply issued against a stereotyped preface of unmeaning verbosity that would be much more “honored in the breach than in the observance.”

If the views enunciated in any paper do not accord with your observations, your experience, or your ideas, briefly so state, and give, in as clear, concise a manner as possible the reasons for your views. By this means you may benefit others, and from others receive benefit. There are two sides to every shield — one may be of gold and the other of silver. It is rare, indeed, that the same object is viewed alike by every observer, and the view from your standpoint, your experience in the matter, may enlighten others.

By all means, let us have discussions — sharp, practical and to the point — shorn and trimmed of all superfluous and unmeaning appendages that, unlike the trimming on my lady's petticoat, do not even serve

“To point a moral or adorn a tale.”

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CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.—The meeting of the Congress of American Physicians and Surgeons, will be held in Washington from 3 to 6 P. M., September 22, 23, 24 and 25, 1891.

WILLIAM PEPPER, Chairman of Executive Committee.

---

EPILEPSY-HYSTERIA.—I have used Peacock's Bromides extensively in epilepsy and hysteria, two cases of epilepsy of twelve and fifteen years standing have not returned for two years.

Bower Hill, Pa.

C. W. TOWNSEND, M. D.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas., and New York, sole agents.

W. R. WARNER & Co. are evidently determined to keep in the van of therapeutic remedies. "Antalgic Saline" appeals to us to-day for recognition as a remedy for the relief of headache, also for influenza and neuralgia, and as an antidote of "la grippe" they issue the "Pil. Chalybeate Compound."

Composition carb. protoxide of iron.....grs. 2½.

Ex. nuc. vom.....gr. ½.

Sig. One pill every four hours and increase to 2 pills three times a day.

Antalgic Saline, one dessertspoonful every four or five hours till relieved for headache. The same mode of administration precedes that of the chalybeate pills for "la grippe."—*Weekly Medical Review*.

NEUROSINE.—This is a new and powerful neurotic, compounded by the Dios Chemical Co., of St. Louis, which is the same company that manufactures "Dioviurnia," so highly commended by the profession everywhere, and is another evidence of the progress in medicine. Although we have not had the pleasure of giving "Neurosine" a trial, suffice to say, the formula is such it could not be otherwise than the most powerful neurotic attainable.

*Formula*—Each fluid drachm contains 5 grains each C. P. Bromides of Potassium, Sodium and Ammonium; 1-8 gr. Bromide Zinc; 1-64 gr. each of Ext. Belladonna and Cannabis Indica; 4 grs. Ext. Lupuli, and 5 minims fluid Ext. Cascara Sagrada with Aromatic Elixirs.

This enterprising company proffer to send to any physician, (who will pay express charges) a sample bottle free.

A CASE IN POINT.—A prominent manufacturer, Mr. T., living in New Jersey, consulted me some eighteen years ago in reference to certain distressing symptoms which to his mind presaged apoplexy. As two brothers of his had died recently of that disease with the same premonitory symptoms, I did not feel justified in saying that his fears were groundless. Good feeders and torpid bowels told the story.

I ordered a large teaspoonful of Tarrant's Seltzer Aperient in half a tumbler of water before breakfast and his troubles soon disappeared, and he is living to-day hearty and well, and has often told me since that the Aperient saved his life.

Lewisburg, Pa., Oct. 7, 1890.

P. F. HYATT, M. D.

**PARTURITION.**—Dioiviburnia (Dios) given in teaspoonful doses every two hours after parturition will prevent convulsions, it controls hemorrhage and relieves after-pains. By its direct tonic action on the uterus, expels blood clots and closes the uterine sinuses, causing the womb to contract. In severe cases one oz. fluid Extract Ergot may be used in combination with two oz. Dioiviburnia.

It is the experience of some of our most eminent Gynecologists in all cases where ergot is indicated, that its action is rendered much more effectual by combining it with Dioiviburnia in the above proportions.

R. W. ST. CLAIR, M. D., Brooklyn, N. Y., says: I have used S. H. Kennedy's Extract of Pinus Canadensis for two years, in a large practice, and so far have never failed in reaching the most happy results. One case of nasal catarrh, that resisted the best treatment of some of our best practitioners, came to me. I began with the Pinus Canadensis, and am pleased to say that the cure is absolute. In two cases of diphtheria I used Pinus Canadensis, one ounce to one-half pint of water, with the best results. The membrane peeled off and no new formed. In leucorrhœa, gonorrhœa, gleet, etc., it is all that is needed. I know of nothing to take its place. I prescribe it many times daily; as a rule, I do not advocate injections into the womb, but I have in cases of endometritis used the Pinus Canadensis (Kennedy's always) with great satisfaction to myself and relief to my patients.

**CHEMICAL FOOD** is a mixture of Phosphoric Acid and Phosphates, the value of which physicians seem to have lost sight of to some extent, in the past few years. Robinson-Pettet Co., to whose advertisement on page 11 B we refer our readers, have placed upon the market a much improved form of this compound, "Robinson's Phosphoric Elixir." Its superiority consists in its uniform composition and high degree of palatability.

**THE BEST UTERINE REMEDY**—I have used Ponca Compound in a case of long standing of endometritis and ovarian neuralgia, which had stubbornly resisted all other treatment, but Ponca Compound in connection with local treatment has produced most excellent results. From further experience with the preparation I am inclined to believe that it is the best uterine remedy I have ever used in my practice of 27 years.

JOHN H. CHRISTIAN, M. D.

Jamestown, Moniteau Co., Mo

**FOR NASAL CATARRH.**—

R	Resorcine.....	grs. x.
	Glycerine .....	℥ i.
	Katharmon q. s. ad.....	℥ iv.
M.	Sig. For spray.	

WM. PORTER, M. D., St. Louis.

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# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

DEERING J. ROBERTS, M. D., - - Editor and Proprietor

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Vol. 13.

NASHVILLE, JUNE, 1891.

No. 6.

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## *Original Communications.*

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### THE TREATMENT OF PNEUMONIA—THE PAST AND PRESENT METHODS—HAS THE RATE OF MORTALITY CHANGED?\*

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BY THOS. M. WOODSON, GALLATIN, TENN.

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A brief review will suffice to illustrate the opinions of Medical Teachers and Authors during the period of our professional experience. Beginning with our pupilage—the method then in vogue, our teacher, the renowned Dr. Daniel Drake, representing the strict anti-phlogistics, venesection, antimony, calomel and blisters, heroically followed. Venesection was soon discarded; then the danger of antimony was brought to the notice of the profession in an able article by Dr. Wm. M. Bolling, of Montgomery, Ala., *American Journal Medical Sciences*, October, 1851, in which he vividly portrayed a number of fatal cases from gastro-intestinal irritation by the use of this medicine and it met the

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\*Read at the 58th Annual Meeting of the Tennessee Medical Society.

like fate of venesection and was abandoned. The remedy next to attract attention and obtain favor, *veratrum-viride* was introduced and championed by Dr. W. C. Norwood, of Cokebury, South Carolina. This prospered and did entirely supersede venesection and antimony; acting as a powerful and reliable arterial sedative, its use soon became general and carried out the idea uppermost in the medical minds of the day, active antiphlogistic treatment. But soon another medical teacher and author, well known in American medical literature as one of the most brilliant, influential and fascinating of the age, Austin Flint, 1866, in first edition of "Practice of Medicine," discarded all arterial sedatives and depressing remedies, and advocated the early and liberal use of opium or its salts, morphia, alcohol, supporting measures and time to run its course. In mild, uncomplicated cases little or no medication whatever, constituting a new and wide departure from former methods. Later in life he records his experience differently, and last editions of his "Practice of Medicine," advise more active and heroic means, using the following language: "Full doses of quinine, that is, twenty to forty grains, given either once or within eight or ten hours, *may arrest* the disease. This statement is based on my own experience, as well as on the testimony of others. If a patient be seen in the first stage, an effort should be made to render the disease abortive by means of this remedy, inasmuch as it does no harm aside from the annoyance of cinchonism; on the contrary, a favorable influence upon the course of the disease is produced, either by its antipyretic effect or in other ways, when it fails as an abortive remedy." He further admits the judicious use of arterial sedatives, *veratrum viride*, continuing quinine if required to subdue high temperature, with opium and alcohol in the second stage, to relieve pain and support the vital forces. The next leading teacher and author of merited note, Prof. A. L. Loomis, New York, condemns vigorously and positively all depressing measures, arterial or cardiac sedatives, but admits quinine to control high temperature, and relies upon opium or morphia in decided doses to quiet pain and give rest during the first four days; alcohol in second stage, to prevent heart-failure, re-

membering that we have to do with a self-limited, acute febrile disease, which usually runs a cyclical course, he enunciates the following: "If it is remembered in the treatment of pneumonia that the pneumonic lung no more requires treatment than do the intestinal ulcers in typhoid fever, and that we are to be governed by the patient's general condition, and not by the physical signs, it is evident that all these measures which have been employed for arrest of a local inflammatory process have no place in our therapeutics." He does not admit the idea of aborting the disease—simply guides it through its various stages, thus representing the most radical change of any. The next and last author in order of time, hails from Philadelphia, representative of the old and conservative University of Pennsylvania, Dr. H. A. Hare, "Text Book of Practical Therapeutics, with especial reference to the Application of Remedial Measures to Disease and their Employment Upon a Rational Basis."

He advocates active measures; revives the old lines of treatment, using the following emphatic language: "The methods which may be resorted to, during the primary stages, are very numerous, but there are only two which can be recognized as of great value, while the other procedures are but subordinate measures. These two measures are bleeding, and the use of such drugs as our clinical and physiological knowledge tell us are proper, *and by far* the best method, which is the *veratrum viride*, *aconite* and *antimony*, and perhaps several other drugs of a similar class. In adults, *veratrum viride* will be found far more useful than *aconite*, while in most instances the reverse will hold true in children. Supposing that the disease be in the adult, let us for a moment consider why *veratrum viride* in the first stage is so useful, as a medicant. Its two alkaloids, *jervine* and *veratroidine* possess different influences, and between them fulfill every object that is sought after. *Jervine*, a powerful vaso-motor depressant, relaxing the walls of the blood vessels everywhere, at the same time quiets the action of the heart by an action over its muscle or ganglia as to reduce its force, thus preventing engorgement of the lung; while *veratroidine*, by stimulating the inhibitory nerves of the heart also slows its beat, fills the ven-

trioles and allays excitement. Physiological facts show us that the blood vessels of the abdomen are capable of holding all the blood in the body, and into these will flow the major portion of the fluid which is filling the pulmonary vessels, at once lowering blood pressure very greatly everywhere, so that the lung is starved of blood, without dangerous engorgement taking place in the abdomen. Its use demands clear ideas and careful physical diagnosis as to the stage of the disease, used at the proper time and amount (first stage always), is most useful, but when abused, disappointing and dangerous. The advantages of *veratrum viride* are its completeness and rapidity of action; the fact that it preserves in healthy blood vessels the blood which may be needed in the crisis, if the disease is not aborted; and lastly, its safety is a point largely in its favor." Dr. Hare, in the second stage to prevent heart-failure by engorgement from over distention, now gives *digitalis*, with *strychnine* to stimulate the respiratory centers; thinks alcohol in second stage inferior to *digitalis*, carbonate and muriate ammonia valuable adjuncts in second and third stages, he uses opium sparingly for troublesome cough in the latter stages, and not the first stage. This vacillating course by teachers and authors between the two leading methods—active measures in the first stages with a hope to abort, or mitigate, by arterial sedatives, etc., etc., and the expectant, palliative and supportive method, self-limited idea of the disease, is an unsolved problem, awaiting more advanced and enlightened knowledge of pathology, therapeutics, and patient clinical experience of competent observers. Our observation and experience incline to favor the first method. In the first stage of croupous pneumonia the indications are clear; first, to control the circulation and diminish the determination of blood to the lungs; second, reduce the temperature if high; third, allay pain by rest physical and physiological; fourth, support the vital powers. The first two indications are met by the *veratrum viride*, better and with more certainty than any other in our observation, and we are glad to see Dr. Hare revive the remedy. The third, to allay pain, we have but one remedy, opium, or its salts, which stands without a rival. Fourth, to support the patient with especial



reference to the failing heart and respiratory centers, digitalis, strychnine, and alcohol for the latter stages. More than twenty years ago—*American Practitioner*, May, 1870—we recorded our experience in pneumonia with veratrum viride and opium, going back then fifteen years, by the following statement: "I am free to express the opinion that in inflammatory affections it is a sedative of the greatest value, controlling the heart as effectually as blood-letting, without the exhaustion that must follow the loss of blood. Arterial excitement is reduced by it, while the vital forces are economized. It is especially adapted in Pneumonia to the stage of engorgement, in which it has appeared to bring about prompt resolution. It may be used in children with safety. Its constitutional effects having been secured, there is a reduced force and frequency of the circulation, reduction of temperature and respiration, and an amelioration of all the symptoms of the disease."

While extolling the virtue of veratrum viride, I would be far from relying on it alone in pneumonia. Opium is unquestionably entitled to a prominent place, palliative and curative in its action, allaying pain, cough and nervous irritation, available in later as well as the earlier stages. There is no therapeutic incompatibility between the two remedies; better administered jointly, the effect of veratrum viride being better tolerated than when used alone. "There has been, and perhaps now exists, with many physicians an undue fear of the dangerous effects of veratrum viride." We think this has been exaggerated like all potent remedies. It is to be judiciously administered at the proper stage, and carefully watched. We have never seen serious results in any case. The same has been the experience of other distinguished observers in this disease. Prof. A. Jacobi, of New York, *American Practitioner*, October, 1870, states: "In the acute pneumonia of a baby I would give a drop of tincture veratrum viride every hour, a child four or five years perhaps two drops every hour. If an intelligent attendant to count the pulse, I say bring to 110 or 100, but not lower, because when the pulse falls lower it is apt to cause vomiting and collapse. This drug has no cumulative effect like digitalis. It will bear

combination with quinine, and I think this an important point." I ought to add that in most cases it is advisable to combine opium or hyoscyamus with it to obviate local gastric irritation.

Prof. Fordyce Barker, New York, in same journal, October, 1870, speaking of *veratrum viride* in inflammatory troubles of children, croup, bronchitis and pneumonia, says: "I find a child with quick pulse, hot skin, hurried breathing and cough, give one to two drops, according to age, every second hour. I am never satisfied until the pulse is below eighty. My experience with *veratrum viride* now dates back more than twenty-five years, and I have never found it fail to reduce the rapid pulse of irritation or inflammation, and I have never found the slightest danger or uncertainty in its use, as I watch its effects closely."

Influenced by the trend of medical authorities and popular prejudice we have for years abandoned in part the treatment by arterial sedatives, especially *veratrum viride*, using quinine, opium, alcohol, ammonia, etc., etc. The query presents itself, has the change yielded more satisfactory results: In the absence of statistics and notes of cases, we are inclined to think not. The rate of mortality figures high in hospital and private practice, city and rural districts. Our ideal treatment in a case croupous pneumonia may be thus formulated: An adult, first stage—engorgement, Tr. *Veratrum Viride* 4 to 5 drops every three hours, reducing pulse to 60 or 65 per minute, carefully watching effect; begin at the same time and give  $\frac{1}{4}$  grain morphia every four to six hours, as required to relieve pain, allay nervous irritation and secure rest. If the disease is not aborted, in second stage or hepatization to sustain the heart, substitute for the *veratrum viride*, Tr. *Digitalis*, and stimulate the respiratory centres by strychnine, with addition of alcohol and ammonia preparations, varied to suit the demands and symptoms of each individual case presented. This class of remedies promptly brought to bear at the proper time, offers the most rational line of treatment to avert the early and dreaded cardiac and respiratory failure which is too often the prelude to fatal issue. Has the rate of mortality been changed? This is an important part of our subject. Every physician knows too well by sad experience that pneumonia is a

serious disease, attended with great mortality. Loomis (Pepper's System American Medicine, Vol. 3d) states: "That statistics show that croupous pneumonia is more prevalent in our Southern States than in our Northern States." We give the following mortality rates of Northern cities, and without statistics representing Southern cities, would reasonably infer the mortality equal or greater. In New York City, from 1840 to 1858, a period of eighteen years, the average ratio of mortality from pneumonia to all diseases was 5.85 per cent. of deaths, while from 1859 to 1877 it was 6.20, showing an increase of 1.65 per cent. In 1890, in New York City, of 402,030 deaths from all diseases, there were 4,955 from pneumonia, 12.5 per cent., showing an alarming increase. Chicago, in 1890, with total deaths from all diseases, 21,856, of these 2,073 from pneumonia, between 9 and 10 per cent. The ratio of mortality in the cases attacked in pneumonia is appalling. Loomis (Pepper's System Medicine, Vol. 3d), says: "Of 255 cases treated in his wards in the Bellevue Hospital, during a period of four years, the rate of mortality was 34 per cent. His experience leads him to believe that it is the most fatal of all acute diseases of old age, *nine-tenths* who die over sixty-five years of age, die from pneumonia. He also states that the average mortality from all the published reports to which he has had access was 201 per cent. "Drs. C. W. Townsend and A. Corlidge publish the statistics of 1,000 cases of pneumonia occurring in the Massachusetts General Hospital from 1822 to 1889, a period of sixty-eight years, showing a mortality of 25 per cent., and come to the conclusion that the treatment *heroic* before 1850, *transitional* between 1856 and 1860, and expectant and sustaining since 1860, has not influenced the rate of mortality, and that treatment has not influenced the duration of the disease or its convalescence." Year Book of Treatment for 1891, (Lea Bros. & Co., Philadelphia): "In advocating early active measures by the use of arterial sedatives or other means with a view to abort or mitigate this disease, we are well aware that we are opening a debatable subject, and will be subjected to quick criticism by those who have been educated and practiced during the last two decades, especially those who have no experience in

that line, condemning it on theoretical conclusions only." To all such we refer to the still existing high tables of mortality, with the query, if the modern methods of palliation, stimulation, expectant, or do-nothing idea of self-limitation has returned satisfactory results? Or, has not an unnecessary timidity in the timely and proper use of appropriate remedies favored; instead, of caused the early and sudden heart and respiratory failure, often unjustly attributed to their use. Our zeal and enthusiasm in quest of new remedies and methods has often caused the neglect of tried and established remedies and methods of acknowledged value. Already there is a manifest reaction going on in the professional minds, a disposition to reconsider and return to the use of past remedies, even the much abused practice of venesection, an unknown art to many of the present generation of physicians, finds favor with some eminent men of to-day, and is being discussed as having its legitimate place in practice which no other can supply. The crucial test of time and clinical experience can alone award to each remedy and method its true place and merit. The traditional experience of the fathers in medicine is not all to be taken as for naught, but therein may be found golden truths worthy of perpetuation. Representing this line of thought, we do not desire to be classed as advocating fossil ideas, of a past age, non-progressive, nothing to be learned in the fertile fields of medical research and science; on the contrary, to encourage conservatism, dilligent and patient observation of all means and methods, by, and of all modern advance and appliances at our command, proving all, and accepting those which render most successful results, thereby faithfully discharging the responsible duty of safe, wise, and prudent counsellors to those intrusted to our care. The importance of obtaining the most enlightened views and successful methods, especially to the general practitioner, who is so often confronted by this disease, will suffice as an apology for presenting this paper on this occasion.

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## ABDOMINAL SURGERY AND THE COUNTRY PRACTITIONER.\*

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BY W. B. YOUNG, M. D., OF BON AIR COAL MINES, TENN.

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GENTLEMEN :—I have selected a subject about which more has been written for the last few years than any other perhaps in the whole domain of surgery. It has not only occupied the time of the medical man, but its medico-legal aspect has also absorbed the attention of the lawyer, and its success electrified the outside world from center to circumference. The success of surgery in this department has far surpassed the fondest expectations of its most sanguine advocates. My object in selecting this subject is to call the attention of this society to the importance of the matter as applied to us,—physicians so far from what we might call the “centres of surgery,” and in preparing this paper it has been my aim to make it as practical as possible. I wish to refer to cases with which almost every physician in the country is familiar. I wish to speak altogether of those cases of abdominal surgery demanding immediate interference, such as gun-shot wounds, stab wounds, intussusception, strangulated hernia, obstruction of the bowel, ectopic gestation, etc. When we meet with such cases, the necessity of surgical interference generally is so urgent, that we cannot wait twenty-four hours until we can procure the services of some noted surgeon from a city or one of the larger towns. We must proceed within a few hours or abandon the idea of an operation, at least, with any hope of success. My desire is to impress this fact: that we, country practitioners, must operate on such cases ourselves, or stand by with folded hands and watch the sufferer pass from this world into eternity.

Prof. Wile, of Connecticut, says: “The progress of surgery of the abdomen is truly marvelous, and as we review in our minds the list of operations which have been successfully per-

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\*A paper read at meeting of White County Medical Society.

formed for gastrotomy, pylorotomy, gastro-enterostomy, gun-shot wounds of the stomach and intestines, gun-shot wounds of the stomach and liver, resection of the intestines, intestinal obstruction, etc., etc., we cannot stop short of wonder at the scientific perfection of surgery at the present day. Now, in the light of all these attainments in abdominal surgery, what shall we do when we are consulted in reference to some condition existing within the abdominal cavity which we recognize as probably jeopardising the patient's life? Shall we mask the only possibility of relief through interference by simple palliations? Shall we put our trust off, assuming ignorance as to any further relief than simply the relief from pain and keeping the vital machine in motion, until the vessels become clogged, or some pipe bursts? Shall we, because the operation is attended with some danger, deprive the patient of the only possible chance of escape?"

I wish to apply the above strong language to the country practitioner just as Dr. Wile does to the specialist. In the light of modern surgery, and looking at the subject from a medico-legal aspect, there is no other remedy save the knife. When we meet with a case of strangulated hernia or intussusception, and fail to diagnose it, we stand condemned by the scientific surgeon. Should we fail to operate on such a case after a diagnosis, are we less guilty? I think not.

Prof. Joseph Price, of Philadelphia, said that he would make no delay by taxis for the reduction of strangulated hernia, but operate at once for its relief and for the radical cure.

Dr. Wyeth, of New York, states: "Do not wait longer than the lesion of intussusception is recognized; within the first twenty-four hours the prognosis will be more favorable and the danger of a fatal termination will be increased with each day thereafter."

When we are called to see a case of obstruction of the bowel, our responsibility is no less. After making a careful diagnosis, the light of surgery demands that the patient be given a chance for his life by opening the abdomen. Dr. Shemwell, of Philadelphia, reports a case of obstruction of the small intestine which lasted eighteen days and then died from exhaustion, after faithful trials with a long rectal tube. The post-mortem revealed a

stricture of the sigmoid flexure. He says, in commenting on the case: "Think of it! in this age that such an admission should be made; that an educated physician should calmly work with a rectal tube until exhaustion carries off his patient, when a sharp knife and a clean pair of hands would have given a new lease of life. Was this a crime?"

Again, we are liable to meet up with cases of ectopic-gestation; these cases are more grave than any others, demanding immediate surgical interference. When the rupture has taken place and the contents emptied into the abdominal cavity, there is no time for delay. We must proceed at once, *ourselves*, to open the belly and remove the effete matter, wash the abdominal cavity out and leave good drainage. We cannot afford to delay time by sending for a gynecologist from headquarters. The delay would most certainly prove to be fatal, judging from the experience of the most eminent gynecologists in the world. No doubt during the professional career of the older members of this society they have often witnessed "the life blood ebb out from a ruptured pregnant tube" within a few hours, because abdominal surgery had not reached such a degree of perfection, and perhaps the family would have objected had an operation been suggested. Should we meet with such a case in the future, (and we are liable to meet such any day), it would be our imperative duty to inform the family of the danger of not operating, insist upon an operation, and should they give their consent, or rather request an operation, as we will find some intelligent patients will do, what course can we pursue? If we delay, in attempting to procure the services of an expert living at a distance, our patient will die perhaps before the message reaches the specialist. Therefore we have the choice of but two "methods," the one to operate, do the best we can to save our patient, the other, to stand by and witness a death. Gentlemen, this is a most serious question. If we invite the public to give us their confidence and patronage, as physicians, ought we not to study diligently to be enabled to give them the best possible treatment? And if we neglect to do this, when it is in our power, will we not be held to account? I answer yes. Dr. Wile thinks: "Hesitation to proceed to sur-



gical relief in such cases (ectopic gestation, etc.) is negligence on the part of the surgeon, as much so as to open a knee joint filled with pus, or to tie a severed femoral artery."

This makes the responsibility very great indeed. We all know what would be the result of a suit for malpractice for neglecting to tie a femoral artery that had been divided. Would we be held guiltless before the courts of our country for neglecting to tie a severed femoral artery simply because we are not "specialists," and are not located in some large city? How much less is the crime for failing to open the abdomen and tie some bleeding vessel within, suture a rent in the bowel, etc.?

I am a strong advocate for laparotomy by the country practitioner, when it is the best skill to be had, and should there ever again come, in my practice, a case of gun-shot wound, etc., such as I have above described, I will most assuredly open the belly and attempt to snatch the patient from the jaws of death. Of course I do not hope to be as expert as experienced surgeons, nor do I look for as good success as they have secured from such operations; still, in the light of modern surgery, realizing the fact that we are too far distant from such experienced operators, and that this is the patient's only hope, I certainly would attempt a brave effort to rescue him by an abdominal incision, though I might fail and thereby be heavily censured by some of the public, who are ignorant of its advantages. The success of some surgeons is truly marvelous. Dr. Miles, of New Orleans, a few months ago reported to the *Medical News* a case of gun-shot wound of the abdomen with three mesenteric and sixteen intestinal wounds; laparotomy was performed and the patient recovered. Prof. Thornton has succeeded in reducing the rate of mortality in his Ovariectomies down to one and eighty-eight one hundredths per cent.; and last, we have the official report that Lawson Tait, of Birmingham, England, has performed 125 consecutive laparotomies without a death. Seeing the brilliant successes of these gentlemen, may we not hope for "a little" success, and thereby be instrumental in saving the life of some fellow-being which would have been lost had we not attempted to operate? We cannot say that such cases will not come under our care, for



they will, and we must prepare to meet them bravely, for there is, as I have stated, a great responsibility on us in a medico-legal point. During the last eight years there has occurred in White county not less than four or five gun-shot wounds of the abdomen, besides many other cases, strangulated hernia, obstruction of the bowel, etc., all of which might have been granted a new lease of life had they been operated on. The great prejudice against surgical operations among the more illiterate classes of our country must also have attention. It is our duty not only to prepare ourselves for operating, but also do all in our power to remove the now existing prejudice. I have made it a point to call the attention of my patients to the importance of surgical interference, and letting them fully understand that this was the only treatment; that by means of an operation they might hope for a recovery, but without it death was sure. By my experiments on the dog, permitting any and everybody to witness the operations, who so desired, it has done much toward removing the prejudice in my section, at least among the more intelligent. I always take great pains in telling them why, and in showing them how, I operate upon the dog, and make them understand that such operations are performed in exactly the same manner upon the human being.

Before closing this paper I desire again to repeat, that this is a very serious question to confront not simply the few physicians in White county, Tennessee, but to all country practitioners the world over, who are located at a distance from the specialist—"the belly ripper." What must a country practitioner do in a case of emergency, demanding immediate surgical attention? The physicians of this county live sixty-five miles by rail from the nearest surgeon who makes any pretensions to abdominal work. We have but two trains daily. A man could get shot or stabbed and lie upon his bed suffering for about twenty hours, the shortest possible time for the surgeons to reach us. The patient would by this late hour perhaps be awaiting the surgeon "on the other shore," or at least have passed the hour for an operation. I have in mind many places, not only in Tennessee, but in other states, more unfavorably located than White county.

They are twenty and thirty miles from a railroad ; then perhaps from one to two hundred miles from the nearest surgeon. I ask the older physicians how many almost just such cases as referred to in this paper have you attended ? A great many, no doubt. I have known of a few myself. Such treatment as we have hitherto practiced should no longer be tolerated here or elsewhere. The intelligent part of the public even are being educated on this subject, and will demand something more than mere palliation.

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## *Selections.*

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THE WORK OF LEUCOCYTES.—A study of the relation of bacteria to disease is of great interest, and sheds abundant light, not only on the nature of specific diseases, but also on that of inflammation. In "Evolution and Disease," J. Bland Sutton reviews the leading facts connected with the evolution of the inflammatory process as manifested by a complex organism. Most complex organisms are pervaded by a corpusculated fluid, which may circulate throughout the organism by traversing lacunar spaces, or by means of narrow tubular passages possessing distinct walls. This fluid serves as a living medium to all parts of an organism. The red blood-corpuscles carry oxygen, as is well known, and the white fulfill some very extraordinary functions. Should a portion of an animal die, leucocytes attack it, and if it be small, will cluster round and, by a process of intra-cellular digestion, devour it. If the part to be removed is large, leucocytes effect a separation between it and the living body. Not only are dead or damaged portions of tissue thus disposed of, but useless parts—such as the tails and gills of tadpoles, remains of larval organs, and the tails of ascidians—are slowly removed by the same process. Animal tissues are incapable of resisting an attack of leucocytes. An examination of the milk-teeth of children or puppies at the time they are shed, will attest the digestive powers of these cells. An ordinary

magnifying glass shows the irregular edge of the crown to be full of bays and recesses; and the microscope reveals the presence in these spaces of leucocytes, which during life were busily engaged in destroying the fang of the tooth and thus causing it to fall out. Small pieces of clean sponge introduced into animal tissues disappear in a few days; while indigestible objects—glass, needle, or a fragment of metal—are surrounded by a large number of leucocytes that are soon transformed into neutral tissue which isolates the intruders from neighboring parts. Should the intruded body contain particles of dirt offensive to these cells, their action is intensified to a degree highly disastrous, for they die in the conflict, and in a few hours the foreign substance is surrounded by a fluid—pus—containing the dead cells. When this fluid is evacuated, the cause of the disturbance often escapes.

Leucocytes, in their behavior to foreign bodies, may be compared to bees. When the offender is small it is quickly stung to death and cast out. When large, it is deprived of life and rendered innocuous by a covering of wax. Leucocytes also attack pathogenetic bacteria, and attempt to destroy them. This amoebic warfare may be described from attacks actually witnessed by Metschnikoff in the water-flea *Daphnia*. Spores gained an entrance into the body of the crustacean, germinated, and were dispersed by the blood over the body (in *daphnia* the blood circulates in lacunar spaces), and deposited where the blood moves slowest, viz., in the cephalic and hinder portions of the mantle cavity. In these places heaps of conidia collect. The leucocytes are not idle. They attack and devour the conidia, take them into their interior, and digest them. If a conidium is too much for one cell, others join it, from a giant cell, and thus struggle with the invader. Should the leucocytes overcome the spores, the *daphnia* lives. If not, the conidia overrun the crustacean and death is the result.

Similar processes in animals more highly organized take place, the defending power of leucocytes being well illustrated in avian tuberculosis. Tuberculosis is unfortunately widespread in man; but in birds, especially those that live on grain, it is more com-

mon than in human beings. The liver and intestines of birds that have met their death from this cause, present numerous pale-yellow, rounded nodules, the centres of the larger ones containing pus. The smaller ones are homogeneous, containing in the centre small circular cells with larger ones—giant-cells—lodged among them; outside these a layer of smaller cells; and, lastly, a layer of fibrous tissue. The microscope reveals minute bacilli clustered in the centre of the mass and occupying the interior of the cells, especially the giant-cells. In nodules of moderate size, caseous material surrounded by a zone of cells containing bacilli, occupies the centre. Adjacent nodules may coalesce and thus produce large masses. Blood-vessels connected with the nodules frequently present clusters of bacilli in their interior. The author (Sutton) is convinced that these bacilli, from whatever source arising, are introduced into the alimentary canal and find their way into the walls of the intestine. Here they are attacked by the leucocytes, which surround, ingest, and destroy them. The bacilli may be too numerous for the leucocytes, and the point where they gain entrance into the tissues be transformed into a battle-field. Large numbers of other leucocytes quickly reinforce their comrades. Many of these die, others fuse and form giant-cells. The dead leucocytes form pus and give rise to the caseous centre in the nodules. From these nodules the bacilli are conveyed by blood-vessels, or are even carried away by the leucocytes—a giant cell sometimes containing fifty bacilli—and initiate new struggles in distant parts. When bodily conditions are favorable, bacilli multiply very rapidly and overrun the whole system, nodules arising in the liver, lungs, brain and skin. Function is interfered with and death results. In addition to local troubles, bacteria produce general disturbances, one of the most important being fever.

The behavior of leucocytes to pathogenic bacteria constitutes the essence of the inflammatory process. This is essentially a local struggle between irritants and the white cells of the blood. When the whole of the blood is engaged in the struggle—as in ague, pyæmia, anthrax—we have general inflammation or fever. The different varieties of fever depend on the habits of the bac-

teria, some being virulent and irritating to the tissues, and others slow in attaining maturity. Inflammation takes place in plants; for example, the gall on leaves due to the deposition of eggs in their interstices by insects. Each insect produces in this way a different kind of gall. One leaf may thus present at the same time several varieties of inflammation. It simplifies our notions of morbid processes to find that the phenomena known as the repair of wounds, inflammation, and fever, are manifestations of the same process by which a child loses its milk-teeth, the tadpole its tail, or the stag its antlers, rather than to look upon such conditions as the result of some special law.—*Medical Record*.

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SOME EXPERIMENTAL AND CLINICAL OBSERVATIONS UPON THE THERAPEUTICAL VALUE OF SALICYL BROMANILID. — Among the new remedies lately introduced from Germany is one from Radlauer's laboratory, a synthetical compound, to which he has given the name "antinervin," or, with a view of indicating its chemical combinations, "salicylbromanilid." The former is its proprietary title. It is a combination of bromacetanilid and salicylanilid, and is claimed to possess the virtues of antifibrin, bromine, and salicylic acid, without their unpleasant effects, and is consequently, an antipyretic, an antineuralgic, and an antinervine. It is a white, crystalline powder, having a rather pleasant, slightly acid taste, feebly soluble in cold water, but dissolves freely in hot water, alcohol and ether. The dose is from three to ten grains and is best given in the form of compressed tablets or in simple powders. The writer takes the liberty of suggesting that its chemical name be abbreviated, as it seems unnecessarily long; it could easily be called "salbromalid," which would accomplish the object of brevity, and, at the same time, sufficiently indicate the chemical nature of the compound.

A glance at the physiological action of the three agents comprising salicylbromanilid, shows that they are essentially circulatory depressants. Salicylic acid acts directly on the heart mus-

cle, lessening its electrocontractility, and, when administered in toxic doses, causing the organ to stop in diastole. After a preliminary period of stimulation, it depresses the vaso-motor centers. Antifebrin acts very similarly, though its effect upon the heart and vessels is more powerful, producing a rapid fall in the blood-pressure, and a weak, irregular heart. Bromine, in addition to its impression on the heart and vaso-motor nervous system, lowers the vital activity of the centres in the *medulla oblongata*, and interferes with the function of conscious cerebration in a way not yet clearly understood.

It can thus be seen that a compound made up of these three substances, when given in full physiological doses, would probably exhibit an action upon the system manifested by a profound interference with the motor mechanism of the circulatory apparatus, and that whatever therapeutical value could be attached to it, from a pharmacological standpoint, would depend upon this action.

In a series of experiments conducted in the therapeutical laboratory in the Jefferson Medical College, the writer's observations were confirmatory of the above remarks. He found antinervin a profound depressant of the circulation, and a prompt antipyretic. Three grains injected into the lymph sac of a medium sized frog produced death in one hour without convulsions, the animal becoming languid and indifferent to mild stimulation after the lapse of ten minutes, and passing rapidly into stupor, finally died in a condition of coma with the muscular system completely relaxed. The reflexes gradually diminished during the course of the poisoning and were totally absent eight minutes before the cessation of the circulation.

A similar quantity was injected into a frog so prepared that the movements of the heart could be observed *in situ* and the capillary circulation watched under the microscope. The cardiac cycle was observed to gradually and uniformly become longer, the contractions lessened in vigor, the ventricle contracted more slowly than the auricles, reacting lazily to an electric current, and finally the heart stopped in diastole, spreading out like mush when removed from the body and placed upon a glass plate. The

capillaries dilated, slowly and irregularly at first, but fifteen minutes before death relaxed entirely, and the blood current diminished in rapidity in proportion to the capillary paresis and the cardiac depression, the corpuscles tumbling along against each other and showing a tendency to adhere to the vessel wall. Death occurred in forty-six minutes.

The behavior of the heart in the above experiment, indicated the poisonous effect of the drug directly upon the organ, but in order to prove this the heart of a healthy bactrachian was taken out of the body and placed in a Kronecker-Bowditch apparatus. Here, removed from the influence of the central nervous system, a solution of antinervin was permitted to flow, by means of a perfusion canula introduced into the ventricle, slowly through the heart, and the results observed were the same as those noted when the heart was *in situ*. A control experiment eliminated any undue influences upon the heart from the damage it sustained in placing it in the apparatus.

Upon the rabbit the drug acts very much the same as upon the cold-blooded animal, and its influence over the respiratory movements, which is more distinct in warm-blooded animals, shows the part played by the salicylic acid in the general result. Respiration became rapid, weak, shallow, and stopped before the heart, the latter becoming slower and more feeble, and finally, a few minutes before the circulation ceased would make no impression upon the drum of the cardiograph.

Guided by these experiments the writer concluded that salbro-malid was best applicable to those affections characterized by functional disturbances of the circulatory system brought about by reflex impressions or too active stimulation, and acute inflammatory conditions occurring in robust subjects. In the cases that fell in his hands he found this conclusion correct, and noted favorable results, and in some instances obtained curative effects when other remedies had failed, or acted unsatisfactorily.

The following are a few of the cases in which he employed the remedy, and while they are not conclusive in establishing the therapeutical position of the drug, they may be accepted as indications for its administration.

Case I. Angina pectoris. Male, aged 36; laborer. Has attacks of angina pectoris about twice a month. During paroxysm face is pale, extremities cold, arterial tension high, and pain so excruciating as to cause at times symptoms resembling acute mania. Ten grains of salbromalid caused relief of symptoms in about twenty minutes, and three grains every two hours afterwards prevented a recurrence of the paroxysm. The results were, of course, not permanent, as the patient still has attacks as frequently as ever, but the drug never fails to check a paroxysm. The writer enjoins a caution here in administering this drug in angina pectoris. It should not be given in asthenic cases, and there must always be at hand ammonia and strichnine to combat a failure in the circulation. A thirtieth of a grain of the latter hypodermically, if the heart shows signs of ceasing work, is the proper dose.

Case II. Typhoid fever, in second week. Male, aged 23; clerk. Temp.  $104.4^{\circ}$  F.; pulse, 100; resp. 24. Five grains of salbromalid reduced the temperature to  $103.3^{\circ}$  F. within one hour and a half. No bad results followed.

Only one dose was administered to this case, as cold-sponging was sufficient to retain the temperature within safe limits, and it was not deemed advisable to tamper with a weak typhoid circulation.

Case III. Brachial neuralgia of two weeks' duration. Female, aged 32; type-writer. Pain paroxysmal. Three grains of salbromalid, administered every three hours, caused the pain to disappear within twelve hours. This dosage was continued four days, and afterwards a course of arsenic and diet effected a permanent cure.

This patient was robust, but of neurotic temperament, and the neuralgic pain was evidently spasmodic in character. The following case presented the converse condition, and it will be noticed that the drug was ineffective.

Case IV. Brachial neuralgia of three years' duration, probably rheumatic. Man, aged 41; engineer. In fair physical health, with a rather stolid, morose disposition. Suffers more or less continuous dull pains in left axillary and brachial regions,



with occasional exacerbations. Ten grain doses of salbromalid depressed the circulation, but exercised no appreciable control over the pain.

Case V. Acute inflammatory rheumatism. Female, aged 37; cook. Temp. 104° F.; pulse 108; resp. 26. Five grains of salbromalid reduced the temperature to 103° F., and diminished the general sense of discomfort and uneasiness. It was repeated in four hours, with the result of further reducing the temperature, but also, of markedly depressing the circulation, and it was not again administered, as the patient developed pericarditis in a severe form on the fifth day. In this case the remedy would, undoubtedly, have acted better if it had been given in smaller doses.

Radlauer claims antinervin to be antidiabetic, but in one case of diabetes, in which the writer had an opportunity of employing it, no diminution was observed in the amount of water and sugar excreted, but, of course, one trial cannot be accepted as conclusive evidence of its inutility in this affection.

It is seen from what has been stated, that salbromalid is most effective as a pain reliever and antinervine in those functional disturbances of the circulatory system which occur at the onset of acute diseases, and in some other conditions, manifested by an overacting heart and contraction of the arterioles, which lessens the total area of blood space, and that it is most effective in robust subjects. Its power to reduce the temperature is undoubted, but owing to its action upon the heart it should be given carefully in states of hyperpyrexia, especially the low fevers.—*C. S. Bradfute, M.D., Demonstrator of Therapeutics in Jefferson Medical College, in New Eng. Med. Monthly.*

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AN ADVERTISEMENT FOR NURSING SCHOOLS.—An enterprising lady has been making investigations upon the question of matrimony in regard to her sex. She finds that the highest marriage rate is among trained nurses, and impartial observation would rather tend to support the statement that this is the best field for matrimony which the fair sex enjoys.—*Phila. Med. and Surg. Rep.*

**NEW METHODS OF TREATMENT IN TYPHOID FEVER.**—Dujardin-Beaumetz (*Bulletin Gen. de Therapeut.*, December 30, 1890) studies prophylaxis of typhoid fever, and the use of intestinal antiseptics, cold baths and diuresis in the treatment of the disease.

Prophylaxis has been more benefited than has treatment by the discovery of the bacillus of Erberth. To purify water, boiling or sterilization is better than filtration. Rigorous care of typhoid patients is insisted upon; a strong solution of sulphate of copper, twelve and a half drachms to the quart, is recommended for washing sheets, water closets, etc.; a weaker solution, three drachms to the quart, is used to disinfect the nurse's hands and those portions of patient soiled by ejecta. In studying intestinal antiseptics, introduced by Bouchard, salol is preferable to iodoform, naphthaline, naphthol, etc., since it is less harmful and more efficient. Thirty to sixty grains may be given in twenty-four hours, in combination with salicylate of bismuth, if this drug is indicated. Dujardin-Beaumetz does not regard hyperpyrexia as a part of the general condition of the disease, believing that typhoid fever can be serious without hyperpyrexia or that the temperature can be kept normal by antipyretics without decreasing the severity of the disease. He believes that antipyretic drugs decrease urinary secretion and retard elimination of the poisons produced. He finds that in sponging, enveloping in wet sheets and tepid baths, he has all the advantages of cold baths without their inconveniences. By a tepid bath he means one with a temperature of 86° to 89° F., making it about eighteen degrees below the patient's temperature; with these baths sedation of nervous phenomena is obtained, together with sufficient lowering of the temperature. Opposing Brand's systemization, he treats cases symptomatically; beginning with sponging, he gives tepid baths, if the temperature passes 104° F., one or two a day, lasting twenty to thirty minutes. Stimulating drinks are given patients, if needed, while in the bath. If ataxo-dynamia becomes excessive, wet-packing is used instead; this pack is not continued for more than thirty seconds.

Sulphate of quinine is regarded as the drug best able to meet the general indications of typhoid, not more than fifteen grains a

day being given. He does not believe that the benzoate of soda recommended by Robins increases the elimination of waste products; believing the kidneys are the best agents he gives abundant drinks, preferably lemonade made with wine, to favor diuresis.

He calls attention to the remarkable paper of Brouardel, showing the great influence of typhoid mortality on depopulation in France, the mortality in women being twice as great as in men. In studying the influence of the treatment on mortality, he finds that the difference under the various methods is trifling; in 1889, under symptomatic treatment, there was a mortality in the hospitals of Paris of 11.33 in a hundred; by systematized treatment with cold baths, the mortality was 11.28 in a hundred. The lowest mortality for the year, 7.33 in a hundred, was obtained by the combined use of quinine and tepid baths.

Debove has shown that prudence is necessary in reaching therapeutic conclusions from the study of statistics, for by the purely expectant plan without hygienic treatment, he had a mortality the same year, at the Andral Hospital, of 9.2 in a hundred. Beaumetz believes that this success rested largely on the diuresis obtained by Debove.—*University Medical Magazine*.

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LA GRIPPE.—During the winter of 1890 my wife and myself were living in Rome. Rumors of a mysterious epidemic that was broadcast over Russia had come to us through the German and Italian papers, but as none of our immediate household were sufferers, little attention was given to the reports. One day my wife complained of many wondrous, anomalous pains, of pain in the neck, and of general weakness. Then came a dry, hacking cough, coupled with swelling of the cervical lymph-glands. I was puzzled. Was it lymphadenitis? I treated her upon general principles, and, of course, she got no better. A few days after, I found that I had barely strength enough to mount the slight incline of the Via Nazionale, which takes one to the Santa Maria Maggiore, that wonderful double basilica, opposite to which we were living. Toward evening I had a chill and a cough. Two others of our pension, one a distinguished Belgian artist, were

affected. Then it flashed across me it was la grippe. We dosed ourselves all around with powders containing antipyrin, 5 grains, bicarb. soda,  $2\frac{1}{2}$  grains. This rid us of headache and fever, but the miserable prostration remained. I saw the English and American druggist on the Piazza d'Espagna. He told me of many cases in Rome, and advised me to try pil. chalybeate co. of William R. Warner & Co. I bought a lot. I dosed the household in true allopathic style, and we all improved rapidly. During the winter, just over, some of our friends who were living in the same hotel with us in Philadelphia, also made acquaintance with this ubiquitous disease. I found that this same company were making an effervescing mixture of antipyrin and salicylate of soda,—an antalgic saline. I prescribed it, and the results were most flattering. I followed this recipe up with the chalybeate pills, and received the benediction of my friends for such speedy recoveries.

The treatment is founded upon the most scientific investigations of modern times, and is one which will commend itself to every physician. Stop the grippe before it gets well to work, and the physician will receive a wide-spread advertisement for his magical power. What is the *modus operandi*? Why, simply this. La grippe is characterized by a marked depression of the spinal cord affecting its various branches. Heart failure, pulmonary congestion, gastro-intestinal troubles, and the various neuralgias which appear in this disease are all reflexes from a semi-paralyzed state of the spinal cord and a general lack of bodily tone in consequence. The iron is assimilable and increases the red coloring matter of the blood, and hence sends more oxygen to the centers calling for it, since the red corpuscles are the oxygen-carriers of the blood. This, of course, stimulates the heart. The nuxvomica, which is combined with it, is a direct nerve-stimulant, and also regulates the amount of blood sent to the centers by contracting or dilating the lumen of the arterioles by acting upon the vaso-motor system. Antipyrin is a recognized antipyretic and antineuralgic. It is well to examine the heart before prescribing antipyrin.—*Horatio R. Bigelow, M. D., in Medical Bulletin.*

**REMOVAL OF THE GASSERIAN GANGLION FOR SEVERE NEURALGIA.**—Mr. William Rose reports in the *Lancet* a case in which he performed the operation of removal of the Gasserian ganglion. The patient had previously submitted to several operations on the branches of the fifth nerve for the relief of intense neuralgia, but the relief obtained was only partial and temporary. Finally the pain in the upper jaw and cheek became so intensified that the slightest touch upon the gum, the sudden approach of a person, or the banging of a door sufficed to induce a paroxysm of agony. Opiates had practically no effect, so that an attempt to remove the Gasserian ganglion was decided upon. The superior maxilla was removed and a ring of bone about the foramen ovale was carefully taken away with a half-inch trephine. The ganglion could then be seen lying upon the apex of the petrous portion of the temporal bone. It was loosened by passing an aneurysm needle beneath it, and removed in three or four pieces with the aid of a narrow probe-pointed bistoury and a fine hooked forceps. The dura was not injured and the bleeding was slight. The patient suffered somewhat from shock, but recovered, and now considers herself in better health than she has enjoyed for years. The pain ceased after the operation, and did not return. More than six months after the operation sensation and taste were practically absent from the right half of the anterior portion of the tongue, but distinctly present posteriorly. There was circumscribed anæsthesia, with wasting of the muscles of the right cheek. There was no paralysis of the facial nerve. An unfortunate accident after the operation was the loss of the right eye from ophthalmitis.—*New York Medical Journal*.

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**SEXUAL LIFE OF WOMEN AFTER CASTRATION.**—At the Berlin Medical Congress, Dr. F. Deppler, of Venice, read a paper embodying the results of a study he had made in the cases of ovariectomy performed by himself. He had performed castration forty-six times, obtaining a cure in thirty-nine. These operations were performed for the relief of purulent or gonorrhœal salpingitis, oophoritis, fibroid tumors of the uterus, etc. The following were his conclusions, derived from a study of the physiological

consequences of these operations: 1. When the operation was performed on account of salpingitis or other inflammatory process, uterine hæmorrhage never occurred subsequently. 2. The conjugata became gradually shortened, and this was the more marked the younger the individual was when operated upon. 3. The uterus became atrophied, the vagina grew shorter and narrower, its mucous membrane became paler, and the labia majora were somewhat thinned. 4. The breasts grew smaller, acquiring a strong resemblance to the male mammæ. 5. The brown pigmentation of the nipple, areola, perineum, and anus disappeared wholly, as did also pathological pigmentation existing in some of the cases; the hair also turned white. 6. The tendency to embonpoint, which is generally believed to exist after these operations, was not observed by the author. 7. No changes were observed as regards the growth of the hair or the tone of the voice. 8. The sexual desire remained, and was the more pronounced the earlier in life the operation was performed. 9. The operation offers no impediment to marriage; three of the author's cases had married and had lived happily with their husbands for years. 10. A marriage with a castrated woman is the ideal Malthusian marriage, and the only way the Malthusian idea can be carried out without endangering the health and happiness of the woman. 11. In the cases operated upon in early life for inflammatory conditions, no neuroses were seen to develop, which was not the case when women were operated upon late in life for fibroid tumors of the uterus. 12. A favorable influence upon the hæmorrhage was observed after operation for myoma, yet in no case did the menopause at once set in. 13. In cases of operation for uterine fibroma, the patients, even those in full maturity, lost all sexual inclination after the operation.—*Medical Press and Circular*.

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MR. EDISON'S EXPLANATION OF THE AMPERE AND THE VOLT.—During a recent examination a lawyer put the following question to Thomas A. Edison:

“Explain what is meant by the number of volts in an electric current?” To which he replied:

“I will have to use the analogy of a waterfall to explain. Say

we have a current of water and a turbine wheel. If I have a turbine wheel and allow a thousand gallons per second to fall from a height of one foot on a turbine, I get a certain power, we will say one-horse power. Now the one foot of fall will represent one volt of pressure in electricity, and the thousand gallons will represent the ampere or the amount of current. We will call that one ampere. Thus we have a thousand gallons of water or one ampere falling one foot or one volt or under one volt of pressure, and the water working the turbine gives one-horse power. If, now, we go a thousand feet high, and take one gallon of water and let it fall on the turbine wheel, we will get the same power as we had before—namely, one-horse power. We have got a thousand times less current or less water, and we will have a thousandth of an ampere in place of one ampere, and we will have a thousand volts in place of one volt, and we will have a fall of water a thousand feet as against one foot. Now the fall of water or the height from which it falls is the pressure or volts in electricity, and the amount of water is the ampere. It will be seen that a thousand gallons a minute falling on a man from a height of only one foot would be no danger to the man, and that if we took one gallon and took it up a thousand feet and let it fall down it would crush him. So it is not the quantity or current of water that does the damage, but it is the velocity or the pressure that produces the effect."

It has been calculated that the electromotive force of a bolt of lightning is about 3,500,000 volts, the current about 14,000,000 amperes, and the time to be about 1-20000 part of a second. In such a bolt there is an energy of 2,450,000,000 watts, or 3,284,182 h. p.—*Scientific American*.

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**BIRTH OF A VIABLE CHILD AT SIX MONTHS AND A HALF.—**Dr. H. Collyer, in the Section in Obstetrics of the New York Academy of Medicine, meeting of April 23d ult., reported a case of this nature. The woman was thirty-three years of age, had been married eleven years, and had had four children at term and one miscarriage. She had been under the speaker's care for chronic pelvic peritonitis, which fact had given him opportuni-



ties for observation in the case that he might not otherwise have had. On July 5, 1890, she menstruated as usual. On August 6th there was a scanty flow for three days. During the third week in August changes were noticed in the uterus characteristic of the earlier weeks of pregnancy. The woman stated that conception must have occurred on July 13th, denying its possibility before that date. On January 4, 1891, while she was working a sewing-machine, there was sudden and profuse hæmorrhage. All attempts to prevent labor were futile, and on February 3d she was delivered of a small male child weighing two pounds and two ounces. The child cried at once, and, wrapping it up warmly, the speaker waited for some five minutes till pulsation in the cord had ceased before separating the child from its mother. The placenta gave some trouble, and there was found attached to it an independent lobule. The bones of the child's skull were soft and overlapping. The testes had not descended, and the finger nails were only showing. The infant was wrapped in wool and put into a basket, which was placed near a fire kept continually burning. At first the child was fed with milk and water from a spoon every two hours, and subsequently from the breast. It had since continued to thrive in every respect. The date at which the child was born and the general condition of its development would indicate the period of gestation as six months and a half.—*New York Medical Journal*.

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THE SHURLEY-GIBBES FORMULA FOR PULMONARY CONSUMPTION.—There are numerous formulæ which investigators, inspired by Koch's discoveries, have recently tested the virtue of in pulmonary consumption.

Among these it may now be judiciously claimed that the utility of several, which at first proved promising, has failed to be demonstrated by experiment.

The following should be regarded as still *sub judice*: Koch's tuberculine, Liebreich's Cantharidinate of Potash, the transfusion of the arterial blood of the goat into the veins of the tuberculous patient as suggested by Dr. Bernheim, the injection of the serum of dog's blood, as suggested by MM. Hericourt and Richet,



the sub-cutaneous administration of gold and manganese recommended by Prof. J. B. White, Dr. Russel's treatment by the injection of aromatic vegetable essences or perfumes. These have been tried, and the verdict at present is that they have been found wanting in the anticipated specific therapeutic effect.

The most promising method is now considered to be the injection of chemically pure iodine and chloride of gold and sodium, in connection with the inhalation of chlorine gas, as commended by Dr. E. L. Shurly, Professor of Clinical Medicine and Laryngology, Detroit College of Medicine, and Dr. Heneage Gibbes Professor of Pathology, University of Michigan.

It is vitally essential to the proper employment of these agents that the necessary solutions should be absolutely pure and of uniform quality.

Messrs. Parke, Davis & Co. announce that, at the request of Dr. Shurley, they have prepared solutions of chemically pure iodine and chloride of gold and sodium, which are put up in one ounce bottles, and will furnish physicians with clinical reports embracing the method of using these remedies.

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COUGH MIXTURE.—The following is said by the *College and Clinical Record* to be Dr. E. J. Janeway's favorite cough mixture:

R	Syrup. tolu.....	} aa oz. j.
	Syrup pruni, virginian.....	
	Tinct. hyoscyami.....	
	Spirit. ætheris comp.....	
	Aquæ.....	

M. Sig.—Dose, a teaspoonful.—*St. Louis Medical and Surgical Journal*

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PHENACETIN IN SCIATICA.—Sciatica is not only one of those affections which are extremely annoying and painful to the patient, but on account of its persistency often greatly tries the patience of the physician. At the clinic of Prof. Landon Carter Gray most benefit has perhaps been obtained from phenacetin, given, say, in tablets of four to eight grains every three or four hours. There are a good many cases, however, which do not re-

spond to it very markedly. Doubtless, too, there are many cases of sciatica neuritis, rheumatism, gout, etc., in which a diagnosis of sciatica is erroneously made; but perhaps more frequently sciatica is mistaken for one of these affections.—*Practice.*

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**THIERSCH'S ANTISEPTIC SOLUTION.**—The extensive use of Thiersch's solution (named after a German surgeon) in many modern abdominal, intestinal and bladder operations, conducted in hospitals and frequently at the patient's residence, and in urethral and uterine irrigations performed at the surgeon's office, has induced the writer to recommend the combination of this solution (consisting of salicylic acid 2 parts, boracic acid 12 parts, in 1000 parts of water) in form of compressed tablets, each containing:

Salicylic acid, resublimed..... 14 grains.  
 Boracic acid (boric) resublimed..... 84 grains.

To each tablet is added sufficient distilled hot water to measure 1 pint. The solution may thus be prepared as needed.—*Pharmaceutical Record.*

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**TREATMENT OF SYPHILITIC ULCERATIONS.**—Plumert gives the following applications for ulcers of syphilitic origin:

R. Mercury salicylate, . . . gr. xv.  
 Potassium carbonate, . . . gr. xv.  
 Distilled water, . . . ʒvj.

M. Sig.: Dissolve. Wet compresses with this solution and apply to the ulcerations.

If an ointment is preferred, recurrence may be had to the following:

R. Mercury salicylate, . . . gr. xvj.  
 Vaseline. . . . ʒj.

M. and make a pomade.—*Bacteriological World; Jour. Am. Med. Assoc.* March 21, 1891.

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In boiling instruments for the purpose of sterilizing them, the rusting and discoloration which always follows when boiled in pure water, can be prevented by boiling in a one per cent. solution of carbonate of soda.—*Prof. Keen, Coll. and Clin. Reg.*

**MENTHOL FOR UNCONTROLLABLE VOMITING OF PREGNANCY.**—Drs. Henske and Gottschalk have found menthol efficacious in stopping the uncontrollable vomiting in pregnancy. Fifteen grains are dissolved in five ounces of distilled water, to which five drachms of rectified spirits are added. A tablespoonful of this mixture is given hourly till the vomiting ceases. The editor of the *Archives of Gynecology* states that he had an opportunity of trying the efficacy of this mixture. Vomiting ceased after the fourth tablespoonful. Dr. Gottschalk reports two cases with similar results.—*British Medical Journal*, Nov. 1.

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**THE PREVENTION OF LEAD POISONING.**—M. Lavrand, according to the *English Druggist*, February, 1891, has found that the administration of pills of iodide of iron, either alone or with phosphide of zinc, an efficient remedy to prevent or arrest lead poisoning in those who work in white lead. The author found that although his patients continued to work in positions where they were likely to suffer, they improved in general health. The peculiar earthy complexion and anæmia characteristic of saturnism disappeared under their use, and the amount of hæmoglobin increased.—*Brooklyn Medical Journal*.

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**MIXTURE FOR VENEREAL WARTS.**—M. Ciro Urriola (La Semaine Medicale) recommends a mixture of salicylic acid 2 parts and acetic acid 30 parts in the treatment of venereal vegetations. The mixture is applied with a fine camel-hair pencil once or twice daily. Usually but two or three treatments are required to cause the greater portion of the vegetations to disappear. The writer claims that the application causes but slight and transitory pain, and that it is preferable to all other modes of treatment.—*Jour. Am. Med. Association*.

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“THAT doctor is the most dressy physician I ever saw.” “You think so?” “Yes; every time he goes out on his visits he looks as if he had just come out of a bandbox.” “I see; dressed to kill.”—*Boston Courier*.

**COMEDO.**—Comedo, as is well known, is a functional trouble of the sebaceous glands, and its proper and radical treatment is one which requires much care, attention and time. During this period the black points remain, to a certain extent, unless local measures are adopted. When few in number, and comparatively large, they may be removed by means of a comedo-extractor. But when, as often happens, they are numerous and exceedingly small, other measures must be adopted. Among the latest is that of Unna, which is as follows :

R. Lanolini puriss ..... 10 parts.  
       Vaselini..... 20 parts.  
       Hydrogen peroxid..... 20-40 parts.  
 M. Sig. Apply locally.

—*St. Louis Med. and Surg. Journal.*

**TREATMENT OF BED-SORE.**—Billroth recommends that the part should be bathed with vinegar or lemon juice as soon as erythema appears. Excoriations should be touched with nitrate of silver and the part dressed with simple cerate, or soap plaster spread upon linen or soft leather. When gangrene occurs the surface should be covered with a disinfectant, such as chlorinated water. Carbolic acid should be avoided, because of its liability to cause poisoning. Energetic internal measures should be employed to strengthen and build up the system, such as wine, acid drinks, quinine and musk.—*L'Union Medicale.*

“HAY FEVER,” said the Moderator, at the Influenza Convention, “May be likened to a tie vote.” “Hear, hear!” cried the audience. “The eyes and nose both appear to have it.”—*Chemist and Druggist.*

**SANDER & SONS' Eucalypti Extract (Eucalyptol).**—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

## *Editorial.*

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### AMERICAN MEDICAL ASSOCIATION—FORTY-SECOND ANNUAL MEETING, HELD AT WASHINGTON, D. C., MAY 5-8, 1891.

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#### GENERAL SESSION—FIRST DAY.

The Association assembled May 5 at Albaugh's Opera House, Washington, D. C., at 10 A. M. It was called to order by Dr. D. C. Patterson, Chairman of the Committee of Arrangements, who introduced Rev. S. M. Newman, D. D., of the First Congregational Church, who offered prayer. The Hon. John W. Ross, Commissioner of the District of Columbia, welcomed the Association to Washington. The Chairman of the Committee of Arrangements announced the programme and other arrangements for the meetings.

The President, Dr. William T. Briggs, of Tennessee, took the chair, supported by Vice President Dr. C. A. Lindsley, of Connecticut, and ex-Presidents Drs. T. G. Richardson, W. W. Dawson and P. O. Hooper.

The President then delivered the annual address.

On motion of Dr. J. C. Culbertson, of Ohio, thanks were tendered the President for his able address, and a committee of five was appointed to develop the points therein, and to report to the Association the last day of the meeting. Committee—Drs. Culbertson, Hooper, Moyer, Marcy and Connor.

Dr. Hooper, of the Board of Trustees, presented a preliminary report from that body in regard to moving the office of publication, in which they stated that a majority of the members desired no change. The controversy, however, had resulted in increasing the number of subscribers and the interest of the members. On motion the report was received with thanks, and unanimously adopted.

The amendment offered by Dr. A. L. Gihon, U. S. Navy, at the

last meeting, was then taken up. "To amend the By-Laws so as to make the General Sessions commence on Wednesday, in place of Tuesday."

A motion by Dr. X. C. Scott, of Ohio, to lay the amendment on the table, was lost.

On motion of Dr. I. N. Quimby, of New Jersey, the subject was laid over until 11:30 A. M. on Wednesday.

Dr. Barrington, of Ireland, was, on motion of Dr. R. Reyburn, of District of Columbia, made a member by invitation.

Dr. N. S. Davis, of Illinois, announced that the American Medical Temperance Association would meet at G. A. R. Hall on Thursday, at 9 A. M., and invited all to join the Association.

Dr. Gihon then read the report of the Rush Monument Fund.

On motion of Dr. H. D. Holton, of Vermont, the report was received and the committee continued.

The Permanent Secretary read the Treasurer's report, as follows:

"The Treasurer has the honor to report that the balance in the treasury of the Association is \$9,427.21. The statement of the account will be published as usual in the columns of *The Journal* of the Association. All of which is respectfully submitted.

"RICH'D. J. DUNGLISON, Treasurer."

On motion it was received and adopted.

Dr. L. D. Bulkley, of New York, as Chairman of Section on Dermatology, etc., explained why no papers were on the programme for that Section, and moved that said Section be dispensed with.

As this would have required an amendment to the By-laws, it was laid over. (Subsequently Dr. B. announced a meeting on Wednesday and the offer of sundry papers for that section.)

On motion of Dr. C. G. Comegys, of Ohio, it was

*Resolved*, That a committee of three be appointed by the President to consider the question of petitioning the next Congress to create a cabinet officer to be known as the Secretary of Public Health. The report of this committee to be presented on Thursday morning.

Committee—Drs. Comegys, N. S. Davis and T. G. Richardson.

On motion of Dr. L. Connor, of Michigan, it was

*Resolved*, That each Section at this meeting be requested to appoint a committee of three, which shall meet at the Arlington, May 6, at 9 A. M., to consult as to the best measures for promoting the interests of the Sections, and the best means for securing the same.

On motion of Dr. Dudley S. Reynolds, of Kentucky, it was

*Resolved*, That the Supervising Editor of *The Journal* be instructed to

secure stenographic reports of the proceedings of each of the several Sections of this Association, and that the Trustees be instructed to set apart a sufficient sum, not exceeding one thousand dollars, annually for that purpose. This resolution to take effect at and after the present session.

On motion of Dr. Chas. A. L. Reed, of Ohio, it was

*Resolved*, That the American Medical Association hereby extends a cordial invitation to the medical profession of the Western Hemisphere to assemble in the United States in a Continental American Medical Congress.

*Resolved*, That the Committee on Nominations be and is hereby instructed to nominate one member for each State and Territory, and one each for the Army, Navy and Marine-Hospital Service, who shall constitute a committee, which is hereby instructed to effect a permanent organization of the proposed Continental American Medical Congress, and to determine the time and place at which the same shall be held.

*Resolved*, That the Committee on Nominations be and is hereby further instructed to report the nominations pursuant to the foregoing resolution at the general session on Thursday morning.

On motion a recess was taken to allow the States to assemble and select their members for the Nominating Committee, and the following delegates were selected :

Alabama, J. C. LeGrand ; Arkansas, J. M. Keller ; California, Simmons ; Connecticut, C. A. Lindsley ; District of Columbia, G. W. Cooke ; Delaware, Wm. Marshall ; Florida, W. E. Anderson ; Georgia, W. F. McRae ; Illinois, G. W. Webster ; Indiana, A. M. Owen ; Iowa, G. F. Jenkins ; Kentucky, W. H. Wathen ; Louisiana, T. G. Richardson ; Massachusetts, A. P. Clark ; Maryland, T. S. Latimer, Michigan, H. O. Walker ; Mississippi, B. A. Duncan ; Missouri, I. N. Love ; North Carolina, C. J. O'Hagan ; New Hampshire, Irving A. Watson ; New Jersey, B. A. Watson ; New York, John Cronyn ; Nebraska, J. O. Carter ; Ohio, C. A. L. Reed ; Pennsylvania, E. Jackson ; South Carolina, T. J. McKie ; South Dakota, W. M. Kaul ; Tennessee, G. C. Savage ; Texas, J. W. Carhart ; Vermont, D. C. Hawley ; Virginia, W. L. Robinson ; West Virginia, O. A. Aschman ; Wisconsin, J. B. Whiting ; United States Army, — ; U. S. Navy, J. M. Flint ; United States Marine Hospital Service, J. B. Hamilton.

#### SECOND DAY, MAY 6.

The Association assembled at 10 A. M., President Briggs in the chair.

Prayer was offered by Rev. Father Richards, of Georgetown University.

The Chairman announced certain additional arrangements and invitations.

Dr. E. L. Shurly, of Michigan, read the "Address on Medicine."

The Librarian read his report, which was received, and the appended suggestion adopted.

The amendment of Dr. Gihon being in order, he again addressed the Association. After much discussion by Drs. Quimby, Scott, Davis, Vaughan, Bishop and Ross, on motion of Dr. J. H. Murphy, of Minnesota, the amendment was finally laid upon the table.

The amendment offered by Dr. X. C. Scott, of Ohio, to abolish the Committee on State Medicine, inasmuch as the work was done by the Section on State Medicine, was taken up.

Dr. A. N. Bell, of New York, moved to amend by saying that this Section should nominate to the Association the persons to constitute the committee. Dr. N. S. Davis, of Illinois, offered an amendment, which was accepted by Dr. Bell, that the nomination be changed in the laws from the Nominating Committee to the Section on State Medicine. This was unanimously adopted.

The amendment offered by Dr. E. A. Wood, of Pennsylvania, to "omit the word Physiology from the title of the Section on Practice of Medicine, etc.," and form a new Section on Physiology and Dietetics, was almost unanimously adopted.

The amendment offered by Dr. J. C. Culbertson, of Ohio, being up, Dr. R. Harvey Reed, of Ohio, offered to amend by substitute, when Dr. N. S. Davis, of Illinois, offered the following:

*Resolved*, That the proposed amendments concerning the recognition of State and other medical societies as branches of the American Medical Association be referred to a committee of five, to be appointed by the President, and that said committee shall confer with the State and other societies concerning the desirability of such change, and if desirable, as to the collection or payment of dues and other details necessarily involved in the proposed change, and report at the next annual meeting.

This was unanimously adopted.

The amendment of Dr. W. H. Daly, of Pennsylvania, making the permanent members equal in all rights to delegates, was, on motion of Dr. J. E. Woodbridge, of Ohio, laid on the table.

A memorial from the State Medical Society of West Virginia in regard to Railroad Surgeons and others occupying contract positions, and their ethical relations to other members of the profession, was read by the Secretary.



Dr. J. E. Woodbridge moved to refer to a committee of one from each State Society in affiliation with this Association.

Dr. R. Harvey Reed moved to amend by saying "two, one of these to be a railroad surgeon." Thus both sides could be heard.

After discussion by Drs. Quimby and Scott, on motion of Dr. Adamson, of Kentucky, the amendment was laid on the table. The original motion was then adopted.

Dr. Gihon moved that the address of the President of the Association shall be delivered at the general session on Wednesday.

On motion of Dr. X. C. Scott this was laid on the table.

### THIRD DAY, MAY 7.

The President called the Association to order at 10 A. M.

Prayer was offered by Rev. W. A. Bartlett, D. D.

The Chairman of Committee of Arrangements announced the business of the day.

The Permanent Secretary read

#### *The Additional Report of the Board of Trustees.*

The Board of Trustees of the American Medical Association respectfully submit the following report in regard to the financial affairs of the Association, and of *The Journal* for the year ended March 31, 1891. *The Journal* has been published and regularly issued at its place of publication, and now has a weekly edition of 5,450 copies, of which 4,028 copies are supplied to members, and the remainder to subscribers, advertisers, exchanges, etc.

The cost of publication and editorial expenses for the year has been \$23,337.97. The receipts at the office from all sources amount to \$14,464.59. Amount drawn from treasury of the Association, \$8,909.38, leaving a balance in the hands of the Board \$762.40. At the same time there was in the hands of the Association Treasurer \$4,503.39. Making a total, March 31, 1891, available, of \$5,265.79. Full detailed exhibit of receipts and expenditures accompany this report, as reported by the Treasurer.

The editorial management of *The Journal* has continued as heretofore, under the direction of the Board, no editor having been appointed, the resident member of the Board acting in the capacity of supervising editor, and employing such editorial writers as in his judgment the occasion required.

The Association having practically passed upon the question of loca-

tion, it is still the opinion of the Board that a suitable building for *The Journal* office should be secured as soon as there are sufficient funds available for that purpose.

In conclusion, your Board respectfully submit that they have done their best to publish as good a journal as the funds would permit, and they have pleasure in stating that the available resources of *The Journal* are now such that their intention is for the next and succeeding years to raise the professional and literary standard of its editorial department to the equal of any.

JOHN B. HAMILTON, *Secretary*.

P. O. HOOPER,  
*President*.

On motion, it was received and adopted.

Dr. W. H. Wathen, Chairman, read the report of the Committee on nominations :

The Nominating Committee begs to make the following report :

For President, Dr. H. O. Marcy, of Boston, Mass.; First Vice-President, Dr. Willis P. King, of Missouri; Second Vice-President, Dr. Henry Palmer, of Wisconsin; Third Vice-President, Dr. W. E. B. Davis, of Alabama; Fourth Vice-President, Dr. W. E. Taylor, of California; Treasurer, Dr. Richard J. Dunglison, of Pennsylvania; Secretary, Dr. W. B. Atkinson, of Pennsylvania; Librarian, Dr. George W. Webster, of Illinois; Trustees, Dr. W. W. Dawson, of Ohio, Dr. W. W. Potter, of New York, Dr. J. H. Rauch, of Illinois.

Judicial Council: Dr. H. O. Walker, of Michigan, to fill vacancy; Dr. W. T. Bishop, of Pa.; Dr. G. L. Porter, of Conn.; Dr. Jas. F. Hibbard, of Ind.; Dr. C. H. Hughes, of Mo.; Dr. Hunter McGuire, of Va.; Dr. A. M. Owen, of Ind.; Dr. H. D. Didama, of N. Y.

Place of meeting 1892: Hot Springs, Ark.; time of meeting, first Tuesday in May.

Chairman of Committee of Arrangements, Dr. H. O. Walker, Detroit, Mich.; Address on General Medicine, Dr. J. S. Cain, of Tennessee; Address on General Surgery, Dr. John B. Hamilton, of Washington, D. C.; Address on State Medicine, Dr. C. A. Lindsley, of Connecticut.

Committee on State Medicine: J. Cochran, Ala.; T. E. Murrell, Ark.; Luke Robertson, Cal.; T. H. Crothers, Conn.; J. R. Logan, N. Dak.; R. G. Ellegood, Del.; S. S. Adams, D. C.; R. J. Nunn, Ga.; J. P. Wall, Fla.; Harold N. Moyer, Ill.; J. F. Hibbard, Ind.; H. Wright, Iowa; W. L. Schenck, Kan.; H. Horace Grant, Ky.; C. B. Belt, Mass.; A. J. Stone, Minn.; W. F. Breakey, Mich.; W.

# FRELIGH'S TABLETS,

(Cough and Constituent),

## For the Prevention and Cure of

# PULMONARY PHTHISIS

### FORMULÆ

#### COUGH TABLETS.

##### EACH TABLET CONTAINS.

Morph. Sulph. [1-50 gr.], Atropiæ Sulph. [1-500 gr.], Codeia 1-50 gr.], Antimony Tart. [1-25 gr.], Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox, and Lachesal, fractionally so arranged as to accomplish every indication in any form of cough.

#### Constituent Tablets.

##### EACH TABLET CONTAINS.

Arsenicum [1-50 gr.], Precipitate Carb. of Iron, Phos. Lime, Carb. Lime Silica, and the other ultimate constituents, according to physiological chemistry, [normally] in the human organism together with Caraccas, Coca and Sugar.

### Price, Three Dollars Per Double Box.

Containing sufficient Tablets of each kind to last from one to three months according to the condition of the patient.

#### *A Connecticut physician writes:*

"I am now using your Tablets on a patient (young lady), who has had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morr., Syr. Hypophos. Co., etc., with no apparent benefit."

#### *A Virginia physician writes:*

"Enclosed find Postal Note for another double box Freligh's Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second, and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

#### *A Massachusetts physician, in practice 25 years, writes:*

"Send me two double boxes Freligh's Tablets. I have tried the sample box with most excellent results."

#### *A Michigan physician writes:*

"I am more than pleased with them. They have not disappointed me once. Dr. C. for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

### SPECIAL OFFER.

While the above formulæ have been in use, in private practice, over 30 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes, (retail price, Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card, letter-head, or some proof that the applicant is a physician in active practice, MUST accompany each application. Pamphlet, with full particulars, price-list, etc., on request.

## A PHOSPHORIZED CEREBRO-SPINANT.

(FRELIGH'S TONIC.)

Our Special Offer is still open, to send to any physician, on receipt of 25 cents, and his card or letter-head, half a dozen samples, delivered, charges prepaid. Each sample is sufficient to test it for a week in one case.

As we furnish no samples through the trade, wholesale or retail, for samples, directions, price lists, etc., address,

**I. O. WOODRUFF & CO.,**  
**MANUFACTURERS OF PHYSICIANS' SPECIALTIES,**  
 38 Maiden Lane, New York City.

# GASTRIC DERANGEMENTS.

---

## **Horsford's Acid Phosphate.**

Unlike all other forms of phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypophosphites, etc., the phosphates in this product are in solution, and readily assimilative by the system, and it not only causes no trouble with the digestive organs, but promotes in a marked degree their healthful action.

In certain forms of dyspepsia it acts as a specific.

DR. H. R. MERVILLE, Milwaukee, Wis., says: "I regard it as valuable in the treatment of gastric derangements affecting digestion."

---

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

Rumford Chemical Works, Providence, R. I.

**Beware of Substitutes and Imitations.**

**CAUTION:** Be sure the word "HORSFORD" is PRINTED on the label. All others are Spurious. NEVER SOLD IN BULK.

---

## **W. W. TAFFEL,**

**Manufacturer of and Dealer in**

# **SURGICAL INSTRUMENTS,**

**AND**

## **APPARATUSES FOR DEFORMITIES.**

**Keeps on Hand**

**Surgical Instruments, Trusses, Shoulder Braces, Elastic  
Stockings, Abdominal Supporters, Crutches,  
Rubber Goods, and all Surgical Appliances.**

**—Surgical Instruments, Scissors and Razors Ground.—**

All kinds of Repairing and Polishing promptly attended to.

Orders by mail given prompt attention.

**181 N. College Street,**

**-**

**NASHVILLE, TENN.**

Johnson. Miss.; Young H. Bond, Mo.; Thos. Wood, N. C.; Alfred F. Carroll, N. Y.; G. P. Conn, N. H.; Goldberth, Neb.; R. Harvey Reed, O.; L. F. Flick, Pa.; A. A. Moore, S. C.; J. P. Walker, Tenn.; R. M. Swearingen, Tex.; J. H. Hamilton, Vt.; R. N. Martin, Va.; A. F. Stifel, W. Va.; Geo. M. Steele, Wis.; J. R. Matos, La.; G. S. Beardsley, U. S. A.; W. Wyman, U. S. Marine-Hospital Service.

Committee on Necrology. J. T. Searcy, Ala.; G. W. Hudspeth, Ark.; W. K. Lindley, Cal.; G. R. Shepperd, Conn.; L. P. Bush, Del.; J. M. Toner, D. C.; J. D. Fernandez, Fla.; G. W. Bailey, Ga.; E. P. Cook, Ill.; J. L. Thompson, Ind.; Brown, Iowa; W. F. Sawhill, Kan.; John G. Brooks, Ky.; Asa S. Potter, Mass.; R. C. Levensaler, Me.; A. B. Anker, Minn.; W. B. Alvord, Mich.; B. F. Keitrel, Miss.; J. D. Griffith, Mo.; W. M. Knapp, Neb.; H. Capehart, N. Dak.; N. Jacobsen, N. Y.; J. J. Besro, N. H.; S. S. Thorne, O.; Jacob Price, Pa.; F. P. Porcher, S. C.; F. L. Sim, Tenn.; W. H. Wilks, Tex.; Edw. R. Camden, Vt.; L. E. Harvey, Va.; Dr. Wilson, W. Va.; H. V. Faville, Wiss.; Jas. M. Flint, U. S. N.

*Committee of Pan American Medical Congress*—R. F. Saunder, Alabama; Ed. Bentley, Arkansas; W. R. Cluness, California; C. A. Lindsley, Connecticut; E. M. Darrow, North Dakota; C. H. Richards, Delaware; D. W. Prentiss, District of Columbia; C. R. Oglesby, Florida; James McFadden Gaston, Georgia; N. S. Davis, Illinois; A. M. Owen, Indiana; H. B. Crowley, Iowa; J. P. Minney, Kansas; J. N. McCormack, Kentucky; S. T. Chaille, Louisiana; Augustus P. Clarke, Massachusetts; P. H. Millard, Minnesota; C. H. Leonard, Michigan; Dr. Kendell, Mississippi; I. N. Love, Missouri; John Cronyn, New York; Irvin A. Watson, New Hampshire; R. C. Moore, Nebraska; Charles A. L. Reed, Ohio; William Pepper, Pennsylvania; R. A. Kinloch, South Carolina; J. R. Buist, Tennessee; J. W. Carhart, Texas; Henry W. Holton, Vermont; J. S. Wellford, Virginia; James H. Brownfield, West Virginia; James P. Reed, Wisconsin; William H. Wathen, Chairman; George W. Webster, Secretary.

The announcement having been made that Dr. S. C. Wood, of New York, nominated for Judicial Council, was dead, on motion the name of Dr. H. D. Didama, of New York, was substituted.

Dr. H. O. Walker, of Michigan, moved to strike out Hot Springs, Arkansas, as the place of meeting and insert Detroit, Michigan.

After some discussion Dr. Simmons, of California, moved to insert San Francisco, California. On motion of Dr. Caren, of Illinois, this was laid on the table.

A motion of Dr. J. M. Keller, of Arkansas, to recommit the whole report was laid on the table.

Detroit, Michigan, was then adopted as the place of meeting by a vote of 143 to 105.

Dr. C. W. Brown having named Dr. W. W. Potter, of New York, as ineligible for Trustee by reason of non-affiliation with the Association, by the suggestion of Dr. N. S. Davis, of Illinois, the matter was referred to the Judicial Council.

The whole report on nominations as amended was then adopted by a large vote in favor.

Dr. X. C. Scott, of Ohio, named Dr. H. O. Walker, of Michigan, as Chairman of the Committee of Arrangements, in place of Dr. J. M. Keller, of Arkansas. Adopted. Another nominee having been named as ineligible, Dr. I. N. Love, of Missouri, demanded the objection.

A motion by Dr. F. Woodbury, of Pennsylvania, to refer this also to the Judicial Council was negatived.

The place of meeting requiring it, on motion of Dr. N. S. Davis, the time was changed from first Tuesday in May to June.

Dr. J. M. Mathews, of Kentucky, read the Address in Surgery.

Dr. W. F. Horner, U. S. A., of Virginia, offered the following, which was adopted :

*Resolved*, That a committee be appointed by the President of this Association to consider and report upon the expediency and practical advantages of a "Section of Benevolence" in connection with the work and aims of the Association, which seeks to ameliorate not only human suffering and to cure disease, but to enlarge the influence of the profession by showing regard for the needs of the widows and orphans of our deceased brethren.

The Permanent Secretary read the report of the Committee on a Secretary of Public Health, earnestly and logically advocating the measure, and concluding with the following resolution :

*Resolved*, That the President of this Association appoint a committee of five to memorialize Congress, at its next session, on the subject of creating a cabinet officer to be known as the Medical Secretary of Public Health.

All of which is respectfully submitted.

C. G. COMEGYS, Ohio.

T. G. RICHARDSON, Louisiana.

N. S. DAVIS, Illinois.

On motion of Dr. J. F. Hibberd, of Indiana, the report was received and the resolution was adopted.

Dr. I. N. Quinby, of New Jersey, offered the following amendment.

WHEREAS, More time is needed in the various Sections to enable the same to get through with their generally *overburdened* duties, and whereas, one of the morning sessions, say *Thursday*, could be omitted without any detriment to the general good of the Association, I hereby offer the following amendment to the by-laws: That *Thursday morning's* session be *omitted* and the time be devoted to moving Sectional work.

Laid over under the rules till next year.

Dr. Quinby offered the following, which was adopted:

WHEREAS, About \$1,800 or \$2,000 has been contributed towards the Rush Monument Fund, which amount is on deposit without interest, therefore be it

*Resolved*, That this Association direct its Chairman, Secretary and Treasurer of said fund to be constituted a committee of investment, who are hereby empowered and directed to invest said sum at interest in good first mortgage, real estate security, or other first class securities.

Dr. R. Harvey Reed, of Ohio, offered the following:

WHEREAS, The *Journal* has been successfully and satisfactorily conducted during the last financial year, enabling the Treasurer of the Association to report the largest balance in the history of the Association, of over \$5,000, being an increase of nearly 100 per cent. over the preceding year; and

WHEREAS, This success has been largely due to the united and energetic efforts of our editorial and business representatives at Chicago; be it therefore

*Resolved*, That the thanks of this Association be and are hereby given Dr. John H. Hollister, the supervising editor, and Mr. J. Harrison White, the business manager; and be it further

*Resolved*, That this Association cordially recommend to its Board of Trustees the retention of the services of these gentlemen for the present year.

A motion by Dr. Kendall, of Illinois, to lay this on the table was negatived.

After much discussion, on motion of Dr. H. D. Holton, of Vermont, it was agreed that nothing in this action should be construed as mandatory upon the Board of Trustees.

Dr. Pancoast, of Pennsylvania, made the point of order, with all respect to the President and every faith in the honor of the delegates to the Association, that from a parliamentary standpoint the President and the Association cannot tell whether the vote just passed was a legal one, according to our by-laws, as the roll of delegates was not called.

President Briggs replied that the decision of the chair could be appealed from.

Dr. Pancoast declined to do so, saying that he did not wish to consume time, and as the Permanent Members are not allowed to vote, he would not appeal to a meeting composed only of delegates.

Dr. J. S. Marshall, Chairman, read the

*Report of the Committee on Conference of Sections.*

Your Committee of Conference of Sections appointed in consonance with the resolution of Dr. Connor, passed by the Association on Tuesday morning, beg leave to report as follows: That owing to the limited time at their disposal, and the greatness of the task imposed upon them, they have been unable to perfect a plan for the improvement of the scientific work of the Sections and the strengthening of the weak ones, that seemed at all satisfactory to your committee. As a beginning, however, in this direction, your committee recommend the passage of the following resolutions:

*Resolved*, That a committee of five be appointed by each Section to supervise and revise papers submitted to the Sections, and to perform such other duties as may be directed by the Section; of this committee the chairman and secretary of the Section shall be *ex officio* members.

*Resolved*, That the Committee of Conference of Sections ask to be continued, that the work already begun may be further perfected.

On motion the report was received and the resolutions were adopted.

Dr. J. G. Kiernan and Dr. H. St. Clair Ash, of Pennsylvania, offered the following amendment to the by laws;

*Resolved*, That the Committee of Necrology be abolished, and the work of that committee be made the duty of the editor of *The Journal*. Lies over until next year.

Dr. Parker, of Virginia, offered a resolution appointing a practical chemist to examine the various nostrums now on the market, and publish the same in *Journal* of the Association, or in an independent journal, and assessing a tax of fifty cents on each member for his compensation. Laid on the table.

The Association then adjourned until next day

FOURTH DAY, MAY 8TH.

The Association was called to order at 10 A. M. by the President. Prayer by Rev. Dr. Elliott.

The following committee was appointed to memorialize Congress on the question of the establishment of a Cabinet bureau to be devoted to the public health:



C. G. Comegys, Cincinnati, chairman; J. F. Hibbard, Indiana; N. S. Davis, Illinois; J. C. Culbertson, Ohio; Dr. Richardson, Louisiana; W. B. Atkinson, Philadelphia; J. T. Reeve, Wisconsin; C. A. Lindsley, Connecticut; C. A. Hughes, Missouri; W. T. Briggs, Tennessee; H. D. Didana, New York; Thomas B. Evan, Maryland; A. J. Stone, Minnesota; J. P. Logan, Georgia; W. W. Kerr, California; Charles Dennison, Colorado; W. L. Schenck, Kansas; P. O. Hooper, Arkansas; H. J. Swearingen, Texas; Wirt Johnson, Mississippi; J. F. Wood, North Carolina; J. N. McCormick, Kentucky; H. O. Walker, Michigan.

The committee appointed to consider and report upon the question of the employment of railroad physicians and its relation to the code of ethics is as follows:

J. Cochrane, Alabama; T. P. Gibson, Arkansas; T. D. Crothers, Connecticut; J. Ford Thompson, District of Columbia; R. G. Ellegood, Delaware; J. D. Fernandez, Florida; W. S. Powell, Georgia; R. M. Griffin, Illinois; J. F. Hibberd, Indiana; W. T. Schenck, Kansas; J. M. McCormack, Kentucky; T. J. Richardson, Louisiana; A. Garcelon, Maine; G. N. Tanneyhill, Maryland; A. Norris, Massachusetts; J. E. Emerson, Michigan; P. H. Nollard, Minnesota; T. F. Wood, North Carolina; G. P. Conn, New Hampshire; D. Benjamin, New Jersey; J. B. Roberts, Pennsylvania; F. P. Porcher, South Carolina; T. J. Happel, Tennessee; D. R. Wallace, Texas; D. C. Hawley, Vermont.

Some of the States were unrepresented.

The report of the committee appointed last year to consider the proposed celebration of the centennial of the discovery of vaccination by Dr. Jenner was submitted and adopted. Reports were received favoring this move from twenty-two States. The celebration will be held on the 14th of May, 1896, and the Association agreed to fix its meeting for that year so as to correspond with the date selected for this celebration.

Quite a number of resolutions and minor matters relative to changes in the by-laws were submitted and laid over for action at the Detroit meeting.

A discussion of much length, and to a great extent useless, arose over a resolution of Dr. Harvey Reed's, of Ohio, looking to the taking of steps for the incorporation of the association, which now had no legal existence. Dr. Hamilton, of the Board of Trustees, was in

favor of such incorporation for various reasons. As it was now, the trustees could not contract for the publication of the *Journal*, or collect the debts coming to that paper. All this business had to be done in the name of an individual. For this reason, the trustees had sought the passage of a special act by Congress incorporating the American Medical Association. The whole matter, was, however, laid over until next year, after a fruitless discussion.

Dr. Taylor, President of the American Pharmaceutical Association, and Mr. Remington, a distinguished member of that body, were invited to take seats upon the platform, which they did, responding to the compliment briefly.

The regular address assigned for this day was that of Dr. W. L. Schenck, of Topeka, Kan., on "State Medicine." The gentleman was not present, but the Secretary had the paper. Owing to the pressure of business, it was merely read by title, and referred to the proper committee.

A resolution from the section on materia medica was passed. It memorializes Congress on the subject of compiling the laboratory work of the different Governmental departments.

A committee will also be appointed hereafter by the President, whose duty it will be to seek relief at the hands of Congress by changing the common law so as to put the confidential statements of patients to physicians on an equal footing with the relations of an attorney and his client.

Dr. Davis, of the Judicial Committee, stated that it had been impossible for that council to pass upon the question of the eligibility of Dr. Potter. The council wanted time to consult the records of the Erie County Association, and as soon as that was done, Dr. Potter would be advised. In the meantime, Dr. Potter has appeared before the council and withdrawn his name. He will not act so long as there is any question existing involving his right to sit in the session and act as a member.

The election of the following officers of the different sections was reported to the Association :

Practice of Medicine—J. S. Cain, Tennessee, Chairman.

Surgery and Anatomy—J. McFadden Gaston, Ga., Chairman ; M. Price, Pennsylvania, Vice-Chairman, and W. F. Mann, Michigan, Secretary.

Medical Jurisprudence and Neurology—N. N. Moyer, Illinois, Chairman; J. E. Emerson, Michigan, Vice-Chairman, and George Stowbridge, Pennsylvania, Secretary.

Diseases of Children—E. F. Brush, New York, Chairman, and B. A. Waddington, New Jersey, Secretary.

Dermatology—L. D. Bulkley, New York, Chairman, and J. C. McGuire, Washington, Secretary.

Oral and Dental Surgery—J. Taft, Cincinnati, Chairman, and E. S. Talbott, Chicago, Secretary.

Materia Medica and Pharmacy—F. Woodbury, Pennsylvania, Chairman, and W. L. Whelpley, Missouri, Secretary.

Physiology and Dietetics—C. H. A. Kleinschmidt, Washington, Chairman.

State Medicine—B. Lee, Pennsylvania, Chairman, and L. B. Flick, Pennsylvania, Secretary.

The remaining sections were not reported.

The President and Secretary of the Association were authorized to issue credentials to any member who intended to go abroad and was desirous of attending the associations of Europe.

As the hour for adjournment drew near, a vote of thanks was tendered to the local committee, and its chairman, Dr. Patterson, and to the people of the city, the hotels, and railroads, those in charge of the art galleries and museums, and all others who so hospitably entertained and added to the pleasure of the delegates and members. A vote of thanks was also tendered the president and permanent secretary. The resolutions being offered by Dr. W. K. Sheddan, of Tennessee.

Dr. Marcy, the president-elect, being introduced, delivered a short but eloquent and well-timed speech, and was followed by President Briggs, who, after speaking briefly, declared the forty-second annual session of the American Medical Association closed.

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CAMPHO-PHENIQUE IN MINOR SURGERY.—The following typical cases illustrate the great value of Campho-Phenique in minor surgery:

Case I. R. H., aged 21 years., came to my office February 1, 1890, suffering with a punctured wound of the right hand, caused by a rusty nail, which had penetrated fully half way through the hand. The usual domestic appliances had been made, without benefit. The hand was badly swollen, and intensely painful, and there were marked symptoms of approaching tetanus. I at once thought of Campho-

Phenique, and with a small probe dilated the wound and slowly poured the solution into it. I then covered the palm with absorbent cotton, saturated with the preparation, with instructions to pour a little on if not relieved of the pain (which, however, was much better by this time). This, with a dose of morphia to quiet the nerves, constituted the treatment. The man called the next day, saying his hand was giving him no trouble. But for the Campho-Phenique, I fully believe I should have had a case of traumatic tetanus, with all its grave consequences, to deal with.

Case II. F. B., railroad man, came to me June 3, 1890, with the end of the index finger of the right hand pinched off and badly mashed. After carefully freeing the wound of shreds of tissues and foreign substances, I dressed it with absorbent cotton and pure Campho-Phenique, with instructions to let it alone, if not painful, except an occasional application of Campho-Phenique. He came again to my office ten days later, to have the first dressing removed, which I did, and found the wound nearly well and perfectly clean and free from unhealthy granulations.—*Dr. F. T. Youree, in Daniel's Texas Medical Journal.*

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E. L. FISH, M.D., West Valley, N. Y., says: I can heartily endorse Aletris Cordial after giving it a fair trial. Mrs. F., aged 37, mother of two children, during last seven years has miscarried three times. Has lateral curvature of spine, and never robust. Began in last gestation, at four months, to give Aletris Cordial, three-fourths teaspoonful three times a day, and increased to one teaspoonful. She has used four and one-half bottles, and is now within four or five days of full term. Her general health has been much improved, appetite good, no vomiting, bowels in good condition, and kidneys acting well. I am exceedingly well pleased with the action of the remedy, as is also my patient. I have also used Aletris Cordial in ovarian neuralgia with tip-top results. I have used it in one case of miscarriage at three months, in which the catamenia almost amounted to flooding, confining the patient to bed for six or eight days at a time. In this case I prescribed:

R. Aletris Cordial.....8 ounces.

Ergot, Fl. Ext .....2 ounces.

M. Sig. Teaspoonful three or four times a day.

This acted promptly, and the next period was passed in comparative comfort.

THERE is a firm in the East which professes to deal in "Genuine" Hoff's Malt Extract, that has addressed us several communications offering the munificent price of five and ten dollars to publish articles laudatory of their so-called "genuine" product. We are sorry to see that many Eastern medical journals have accepted the articles in question, presumably at the same price. We are not so much in need of copy that we are obliged to sell our convictions for a paltry five or ten dollars, and besides, we know of only one "Genuine Hoff's Malt Extract," and that is imported direct from Germany by the well-known firm of Tarrant & Co., of New York, and we would advise our readers, when ordering Hoff's Malt Extract, to distinctly state "Tarrant's," else they are liable to get an inferior article.—*From the California Homoeopath, April, 1891.*

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THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION will hold its seventeenth annual session at St. Louis, Wednesday, Thursday and Friday October 14, 15 and 16, 1891. A large attendance, a valuable program and a good time are expected. The members of the medical profession are respectfully invited to attend.

C. H. HUGHES, M.D., *President*,  
700 N. Jefferson Avenue, St. Louis.  
E. S. MCKEE, M.D., *Secretary*,  
57 W. Seventh Street, Cincinnati.  
I. N. LOVE, M.D., *Chr. Com. of Arrang.*,  
501 N. Grand Avenue, St. Louis.

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#### CHRONIC BRONCHITIS.—

R. Tinct. Nucis Vom.....1 drachm.  
Tinct. Sanguinariae .....1 drachm.  
Kennedy's Ext. Pinus Can. (dark).....4 drachms.  
Syrup. Simp.....4 oz.

Of this a drachm should be taken every four hours.

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SATISFACTORY.—Prof. F. L. Sim, editor Memphis Medical Monthly, and Dean of the Hospital Medical College, Memphis, Tenn., says: I have found entire satisfaction from the use of your "Dioburnia" in my practice.

THE OPHTHALMIC RECORD, of Nashville, Tenn., is most welcome to our exchange list. The first issue, bearing date July, 1891, has already made its appearance, and if it maintains in the future the excellent character of its initial number it can but succeed. It is under the editorial management of Prof. G. C. Savage, M.D., who is assisted by Dr. Geo. H. Price, who will have charge of the Department of Otology, Laryngology and Rhinology. Although, for convenience, bearing as its name, Ophthalmic Record, it will also give full attention to the kindred specialties named above. The first number contains 32 pages of carefully prepared literature, well printed, and on excellent paper. It will be published monthly; subscription price \$2 per annum.

A FAVORITE recipe of Dr. R. M. King, Professor of Obstetrics, and diseases of Children, Beaumont Hospital-Medical College, St. Louis, as a detergent and antiseptic wash in scarlatinal and diphtheritic sore throats:

R	Acid boracic.....	℥ss.
	Chloral hydrat .....	grv.
	Glycerine .....	℥ iv.
	Katharmon .....	℥ ḡss.

M. Sig. Dilute with water and thoroughly cleanse the fauces and ulcerated surfaces every two hours.

THE USE OF ANTIKAMNIA, ETC.—“I have found this remedy to be a splendid analgesic in neuralgia, having seen cases of neuralgia of the face and teeth relieved in a very short time. There is no remedy that I prescribe in many cases of neuralgia and headache with a greater feeling of certainty than I do Antikamnia. Another reason for liking this remedy is, that I have never seen any toxic effects from it, as we get from the continued use of morphine or chloral.”—*A. W. Trevitt, M.D., in Ec. Med. Jour.*

IN THE past four or five years of my practice I have found Peacock's Bromides a most excellent preparation. Use it with the most gratifying results in cases of spasms, nervousness, etc. It is an excellent remedy for headache. I cannot get along without it.

Hartford, Kan.

R. ROBBINS, M.D.

WAYNE'S ELIXER.—Few preparations handled by our leading druggists have given more satisfaction to practical physicians and their patients than this. It is certainly one of the best preparations ever offered to the public, and cannot be too highly recommended. It has always proven most excellent in acute and chronic vesical catarrh, brick-dust and chalky deposits in the urine, calculous conerctions, acute and chronic Bright's disease, and any form of irritation of the genito-urinary mucous membrane.

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MESSRS. T. C. MORGAN & Co., New York: Gentlemen: I am pleased, in reply to your's of the 24th inst., to say that I have used your Liquid Hypophosphites in my practice for the past two years, and can most heartily recommend it in those cases of nervous diseases where a tonic is desired.

I have used it with the best results in those cases where sleeplessness and loss of energy is the result of an overtaxed brain and nervous system. Respectfully yours,

ARTHUR R. TIEL, M.D.

---

JOSEPH P. ROSS, A.M., M.D., Professor Clinical Medicine and Diseases of the Chest, Rush Medical College, Chicago, Ills., says: For the past three years I have prescribed Bromidia very frequently, and have never yet been disappointed in securing the results required. In cases when there is insomnia without pain, in the delirious stages of acute fevers, in delirium tremens, puerperal mania, in short, in all those cases requiring soporifics, I find Bromidia invaluable. I consider it an excellent combination.

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NOTWITHSTANDING the large number of Hypophosphites on the market, it is quite difficult to obtain a uniform and reliable syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including Iron, Quinine, and Strychnine, etc., in *perfect solution*, and is not liable to the formation of fungous growths.

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MEDICAL AND SURGICAL REPORTER OF PHILADELPHIA.—Dr. Chas. W. Dulles has retired from the editorial chair of the above excellent and standard journal, and is succeeded by Dr. Edward T. Reichert, who has enlarged it to 40 pages per week. May its shadow never grow less.

## *Reviews and Book Notices*

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**MATERIA MEDICA AND THERAPEUTICS**, with special reference to the Clinical application of Drugs. By JOHN V. SHOEMAKER, A.M., M.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, etc., etc. Being the second and last volume of a treatise on Materia Medica, Pharmacology, and Therapeutics. An independent volume upon Drugs. 8vo., cloth, pp. 675. Price, \$3.50. F. A. Davis, 1231 Filbert St., Philadelphia, Publishers, 1891.

This is the long-looked-for second volume of Shoemaker's *Materia Medica, Pharmacology, and Therapeutics*. It is wholly taken up with the consideration of drugs, each remedy being studied from three points of view, viz.: the Preparations, or *Materia Medica*; the Physiology and Toxicology, or Pharmacology; and, lastly, its Therapy. Dr. Shoemaker has finally brought the work to completion and now this second volume is ready for delivery. It is thoroughly abreast of the progress of Therapeutic Science, and is really an indispensable book to every student and practitioner of medicine.

The author has introduced a brief consideration of many substances not actually in general or frequent use, many are new and a few old remedies, which have fallen into undeserved neglect, yet all will be of aid in the treatment of disease. He has also fully brought up to date of publication his description of drugs and their application. A succinct account—and the best we have yet seen—is given of the latest contribution of experimental medicine to therapy—Tuberculin, or Koch's lymph, and although the very sanguine expectations of it may never be realized, the account here given is very satisfactory and will be of benefit.



**THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX FOR 1891.** Edited by P. W. WILLIAMS, M.D., Secretary of Staff, assisted by a corps of thirty-eight collaborators—American and European—specialists in their several departments. 600 octavo pages. Illustrated. \$2.75 E. B. Treat, Publisher, 5 Cooper Union, New York.

The ninth yearly issue of this valuable one-volume reference work is to hand ; and richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors in number and ability surpass that of last year. Its numerous illustrations—many of which are in colors—make the Annual more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best resume of Medical Progress yet offered. Part one comprises the New Remedies, together with a Review of the Therapeutic Progress of the Year. Part two is devoted to Special Diagnosis: the first on Deformities of the hand, and their Diagnostic value in Nerve Lesions; the second on the Character of the Sputum as an aid to Diagnosis. Part third, comprising the major portion of the book, is given to the consideration of New Treatment; and is a retrospect of the year's work, with numerous Original Articles by eminent authorities. The fourth—and last part—is made up of Miscellaneous Articles, such as Recent Improvements in Sanitation; Concerning Climatology and Hygiene; Alcoholic Inebriety, and the Results of Asylum Treatment; Improvements in Pharmacy, Books of the Year, etc.

**PRACTICAL POINTS IN THE MANAGEMENT OF DISEASES OF CHILDREN.**

By I. N. LOVE, M.D., Editor Medical Mirror, St. Louis, Mo., (Physicians' Leisure Library Series). 12mo., cloth, paper, pp. 142. Price, 25 cents. Geo. S. Davis, Detroit, Mich., Publisher, 1891.

A very excellent little work indeed, replete with practical points in Pediatrics, and worth to any reader many times its very moderate cost.

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# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY

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DEERING J. ROBERTS, M. D., - - - Editor and Proprietor

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No. 7.

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## *Original Communications.*

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### OBESITY IN ITS RELATION TO MENSTRUATION AND CONCEPTION.

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BY E. S. M'KEE, M.D., CINCINNATI.

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All men in active practice have doubtless noticed the great frequency of obesity in sterile women. Most of these obese and sterile women will be found suffering from amenorrhœa, scanty or painful menstruation, and in numerous cases atrophy of the uterus. How often do we see a fat and childless woman; how frequently an obese man without offspring, and how very many times do we observe that the man and wife afflicted with corpulenta morbosa live through a long married life without descendants.

It is sometimes difficult to mark where the condition of en-bonpoint stops and that of obesity commences. Physiologists tell us that in males the fat should constitute the one-twentieth part and in women one-sixteenth part of bodily weight. As soon as the fat passes a certain limit in women it not only ceases to

make beautiful—for only the Orientals find a fat woman beautiful—but has a bad influence on the general organism. It produces various troubles in different organs, limits freedom of movement, disturbs digestion, restricts respiration, hinders blood formation, and injures the cerebral functions.

It is well known that women are much more subject to obesity than men. Souchard's cases were 62 women and 24 men, and most authorities report more women than men. The softness of the tissues and sedentary habits of women tend toward obesity.

That undue accumulation of fat retards or prevents fruitfulness is an old saying, the truth of which was first noticed in female animals, also in plants. Hippocrates observed the sterility as well as amenorrhœa among the Scythian women. He says: "The enormous fatness of the women is responsible for their frequent sterility, and their slaves, who are lean, conceive as soon as they have connection with men."

This sterility in obese women may not only be due to the amenorrhœa, but also to the chronic catarrh of the uterine mucous membrane or to the displacements of the uterus, sometimes resulting from the great deposits of fat. Also doubtless in some cases due to the inapproachableness of some very fat women on account of the enormous size of the external genitals.

Obesity to the extent of polysarca has a great influence on generation. It prevents the development of the male generative organs, atrophy of the penis and testicles is often observed. In men of middle life these organs are sometimes found as those of a child of eight, erection and emission having never occurred. If the polysarca occurs after adult age it diminishes greatly the sexual desires, which are only reproduced on the emaciation of the patient. In women the accumulation of fat in the abdomen produces amenorrhœa and dysmenorrhœa, possibly by compression, which prevents the utero-ovarian functions; possibly in the absence of nervous excitement ovulation does not occur. This obesity is often followed by a suppression of menstruation for a few months, an increase in the size of the abdomen, and often leads to an erroneous idea of conception. Diminution of fat leads these organs to return to their natural state, the menses become

regular and as the functions of generation resume their natural course this becomes possible.

Given an obese woman we will generally find the prospects for offspring will depend more upon the menses than upon the amount of fat, amenorrhœic fat women being usually sterile. We notice that the luxurious habits and overfeeding of the wealthy diminish fertility, while the life of the poorer classes, which is not conducive to obesity, tends to large families. Thinness only results in sterility when due to starvation or chronic diseases. The injurious influence of excessive flesh on women with reference to child-bearing is universally admitted, and is corroborated by experience with plants and the lower animals.

In obese women the amount of blood lost in menstruation is almost always less than normal, and it is often only bloody serum containing a few epithelial cells. The continuation of the flow may be a few hours or a single day, and seldom or never does it last three days. It may cease for a short time and then resume. Pain is a very constant symptom, beginning a few hours or days before and lasting until it ceases. Pain and fullness in the head and in some instances a bearing down or expulsive pain. Vicarious menstruation presents in the form of nose bleeding and bloody diarrhea. In rare instances obesity is found accompanied by menorrhagia and metrorrhagia instead of amenorrhœa. This is thought to occur when the collection of fat in the abdominal region is excessive or the condition of blood is a low form of anemia. The accumulation of fat in the abdominal cavity through compression restricts the return circulation and causes a stasis in the walls of the arteries, which soon leads to an overflow of the walls of the mucous membrane. This bleeding is also the cause of very obese women aborting when they become pregnant.

The pathological anatomy of this subject is unfortunately not well understood. Post mortem examinations are few and indefinite. Worthington records a post mortem made on a woman who weighed almost 400 pounds, but the uterus was not examined. The other abdominal viscera were full of fat. Few cases terminate fatally. In most of them there is a heart weakness, particularly noticeable after exertion, but organic trouble is ab-

sent. The heart, as an involuntary muscle, is subject to fatty infiltration, and it is quite probable to say the least, that the uterus is affected in the same way.

Fournel has observed atrophy of the uterus after normal child-bed in twenty-eight cases out of three thousand. This was accompanied by severe abdominal pain and atrophy of the tissues of the body and neck of the uterus and of the vagina. The tissues were very soft, and readily permitted the sound to penetrate them. He believes that in many cases the uterus undergoes such excessive changes in consequence of lactation that subsequent restoration to a normal condition does not occur. The demands of frequent pregnancies in quick succession produces permanent atrophy.

It is possible for displacements to result from obesity and thus cause sterility. We all meet with numerous instances where a deposit of fat in the abdominal walls is mistaken for pregnancy when accompanied by amenorrhœa.

Kitsch has observed 208 cases where obesity was associated with amenorrhœa or oligomenorrhœa, either as a cause or effect; in many of them he could find no other cause for the existing sterility than the obesity.

The great frequency of obesity and disorder of menstruation would lead us to believe that sterility will be the rule whether the patients have previously borne children or not. Pregnancy occurring, the impaired nutrition of the uterus will operate unfavorably upon its continuance to term. Bunsen has shown that when the gestation is completed the offspring will be deficient in vitality.

Philbert quotes five cases in which a loss of weight brought about by active hydropathic and dietetic treatment resulted in pregnancy. The ages of the patients varied from twenty-one to twenty-seven years.

Obesity in some women, as well as men, has the effect of abolishing the sexual appetite; indeed, this is the effect on most persons suffering from adiposis, also a disinclination to perform the ordinary duties of the day, and impairment of the physical and mental powers generally. Constipation is a frequent trouble.

With the exception of those cases following frequent parturi-

tion and lactation, there is nothing peculiar in the etiology and process of obesity in women other than might occur in men. The free or immoderate use of starches, fats and sugars, an inordinate desire for confectionery, luxurious habits, sluggish disposition, an inactive life, excessive sexual indulgence and a hereditary predisposition, lead to obesity.

Menorrhœa and scanty menstruation found in obese women probably have an origin in the anemic condition of the blood which is almost invariably found in persons suffering from long standing obesity. The menstrual blood in fat women is usually pale, scant, watery, poor in fibrine. These facts have long been known, as Hippocrates said of the Scythians, "With their women the menstrual flow is irregular, small in amount, and through long intervals unbroken. This comes from the great amount of fat which they possess."

Obesity in women might be divided in two classes. First, those who have borne and nursed children in a brief period of time. They prematurely reach the limit of their reproductive capacity and the phenomena of the climacteric supervenes; second, young women who become obese from whatever cause, and who, as a result, have amenorrhœa or scant menstruation, and often dysmenorrhœa, though menstruation was previously devoid of pain.

Hippocrates observed that sterility followed obesity as did also scanty and irregular menstruation. He believed that the os-uteri was closed by fat and would not admit the semen. From the scantiness of menstruation he inferred there was an absence of a sufficient degree of intra-uterine moisture to render conception possible. It appears that more attention was given this subject by the ancients than the moderns.

If we have a woman under thirty who bears and suckles four, five or six children in rapid succession, we usually find that she prematurely reaches the limits of her reproductive powers. She takes on flesh, sterility ensues, menstruation becomes scant, sometimes disappearing altogether. From her obesity she will be subject to amenorrhœa or oligomenorrhœa, while sterility will be the rule.

Miss Conley, the great American fat woman, who died in 1883, from rolling over on her face, and being unable to roll back again, was the largest of her sex, and weighed 497 pounds.

The obese woman, when she becomes enciente, is not at all assured that she can bring her child to term, for abortions in these cases are very frequent. Stoltz attributes five consecutive abortions in the same woman to this cause, and Gourbert cites the case of a very fleshy woman who reached her eighth consecutive abortion. With such cases the nutrition takes an abnormal direction and the nutritive aliments destined to support the product of conception are directed to other points.

We may consider that the presence of obesity in women will lead to amenorrhœa, oligomenorrhœa, with possibly dysmenorrhœa, atrophy of the uterus and sterility. Should pregnancy occur the condition of the woman will operate unfavorably upon its continuance to term. Should it go on to term it is probable the child will be deficient in vitality. In fact, the mountain will have labored and brought forth a mouse. It is not probable if we succeed in relieving the patient of her obesity we will at the same time cure her of sterility.

The prognosis in those cases in which the climacteric has followed great fruitfulness is exceedingly bad. The sterility is permanent, and it is doubtful whether any treatment would change it. Nature is exhausted. In other cases the prognosis is reasonably good, if we can have our instructions carried out.

A brief citation of the following cases may be of interest :

Among prostitutes I remember a half dozen instances where obesity was present, there was atrophy of the uterus, absence of menstruation for two or three months at a time, or if present, lasting only one day, and very scant. Two of these suffered severely at the menstrual period from bearing down pains, back-ache and headache. Four of them had never borne children, two had several miscarriages in rapid succession early in their career. Their ages ranged from twenty-five to forty years.

Mrs. E., married nine years, and never pregnant ; began soon after marriage to take on flesh. She had been married five years when she first came under my observation ; examination showed



an atrophied uterus; the menses were slightly diminished in amount but not remarkably so; she found the regimen requisite to reduce corpulence too rigid, and refused to continue it; she is still sterile and will probably remain so the rest of her life.

Mrs. K., at 32; married eight years; first came under my observation four years ago. She gave birth to one child before married a year, and never became again pregnant, though very desirous of so doing. On examination she was found to have a very small uterus, and the history of the case lead me to believe that she had suffered super-involution. She then began to increase in flesh, which went forward steadily until she now weighs 210 pounds. She is dyspeptic, anemic, neuralgic and amenorrhœic. Her flesh is a burden and her life miserable. She is a very fickle and impatient woman, utterly incapable of carrying out directions for a week even, and of course has not benefited from advice. In this trouble as in no other, the earnest co-operation of the patient is essential to success. The husband of this woman was a good mate for her, being very corpulent.

Mrs. S., aged forty-four; married twenty years; had been told by two doctors that she was pregnant. This being the first time for eighteen years, she thought she was renewing her youth. The nine months rolled by and her expectations were not realized. I was called, and on examination found a two-hundred pound patient, uterus palpitated with great difficulty, owing to obesity, but found to be atrophied and no evidences of pregnancy, except absence of menstruation and enlarged abdomen. Obesity explained both conditions as did also the time of life and the indigestion of food and formation of gas in the abdomen. I informed her she was not pregnant; she told me she knew better. I called again in a few days, repeated my investigations and decision; she maintained her opinion. I called once a month for twelve months to ask for the baby, but found none, then ceased my visits because she slammed the door in my face.

Mrs. H., at 23; married five years; very anxious for a child; thought herself pregnant, but had to give up her hopes as time proved her mistake. She was fleshy from childhood, and increased rapidly in weight after marriage. As she became more

obese, her menses, though regular, became less in amount and examination discovered an infantile uterus; patient did not appear anemic.

I could extend this list but think it unnecessary. Several instances could also be cited where the unfruitfulness was manifest owing to the marked obesity of the husband, but this would hardly be keeping to the text.

Treatment requires, of course, rigid diet. Hydrocarbons must be eliminated to give place to albuminoids, alcohol interdicted, exercise, household duties, gymnastics or massage. Electricity, both in the form of general faradization and the intra-uterine use of the faradic current, is of value. It not only improves the muscular tone but the entire pelvic circulation. Astringents and stimulants to the interior of the uterus, also moderate dilatation, but the danger of exciting inflammation should control too free use of these means. The condition of the heart should be attended to, and laxatives systematically used. Seabaths above all, and hydropathy generally, with the avoidance of warm baths, is recommended. Arsenic is highly approved by Dr. Whittaker for the removal of obesity. Glauber salts, mineral waters, iron, cold baths, providing there is no disease of the sexual organs, which would contraindicate.

In cases of amenorrhœic fat women where the amenorrhœa is due to an anemic condition of the blood, it is useless to try to bring on menstruation by local means, such as warm uterine douches, warm foot and hip baths, etc. Such means, if they do anything, do harm. It must not be the sole aim to force menstruation, but to assist regular and healthy ovulation, which must be done through conquering anemia and improving the general health.

Kisch reports cure of sterility and amenorrhœa by relief of obesity in a number of young women from twenty to thirty by means of the spring and bath cures at Marienbad. While laxatives do good, strong purgation is condemned, as most obese women are anemic, and the purgatives would make them more so. The reduction of fat by purgatives is only temporary.

Massage of the abdominal parts and also the internal genital

organs of the woman is one of the best modes of treatment of sterility, due to to this cause.

M. LEVIN, before the Societe de Biologie, recently described obesity as a nervous disorder, and advised its relief by the avoidance of mental and physical fatigue, and a diet of soups, eggs, rice and potatoes.

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## INFLUENZA, LAGRIPPE, EPIDEMIC CATARRHAL FEVER.\*

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BY W. FRANK GLENN, M. D., OF NASHVILLE, TENN.

---

This disease cannot properly be regarded an unusually severe cold, but is undoubtedly a specific affection, dependent upon a specific poison in the system. It is characterized by marked febrile excitement, often accompanied by serious complications, and many times resulting in dangerous prostration. It rarely, if ever, appears in an endemic form, but always as an epidemic, prostrating, at once, great numbers of people, and sometimes attended with alarming fatality. It has prevailed in 1729, '32, '37, '42, '38, '62, '67, '75, '82, 1803, '33, '37, '47, '90 and '91. In any epidemic the disease assumes different forms in different individuals. It may be simple influenza, unattended by any complications.

Again, it may be complicated (as it generally is), by serious affections of the mucous membrane of the air passages, bronchitis or pneumonia, for example.

And again there may be serious diseases of the digestive organs, with nausea, vomiting or diarrhoea.

An attack of LaGrippe is usually ushered in suddenly, although in many cases it takes possession of its victim in a slow and insidious manner, causing several days of languor and general lassitude before the actual onset of the disease. Usually, however, the patient is taken suddenly with a distinct chill or chilly sensations, especially in the back, followed by slight fever, the pulse

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\*A paper read at regular meeting of Nashville Academy of Medicine.

rarely beating faster than one hundred, and temperature seldom rising higher than  $101^{\circ}$ . There is always an intense aching pain in the back and head, and in fact all over the entire body, resembling the pains of dengue. As a rule, in the beginning of an attack, the mucous membrane of the nostrils, throat and bronchial tubes is dry and burning, with slight sore throat and tightness in the chest.

At first, there is little or no expectoration, but later in the attack there is a considerable discharge of thick mucous.

While the disease seldom exist without an accompanying coryza or bronchitis, yet there are some cases in which a slight fever, general aching and great langour a few days constitute the only symptoms. Whether the attack is in the simple or complicated form, there is a marked tendency in all to great prostration of strength, and complete recovery is slow.

As a rule, a patient with LaGrippe is seldom confined to his room longer than five days, often not more than twenty-four or forty-eight hours; yet, as a rule, it is many days, or even weeks, until he feels fully himself again.

The prognosis in LaGrippe depends on the form of the disease manifest. In that form known as simple, uncomplicated catarrhal fever, where neither the lungs, stomach nor bowels are seriously involved, the prognosis always favorable for recovery is the rule. Where, however, the disease is complicated by capillary bronchitis or pneumonia, with or without disturbance of the digestive organs, it is always a serious affection, and many times proves fatal.

When the disease exists in very old persons, or persons of delicate constitution, or persons in a low state of health, the prognosis is always gloomy, as it is difficult for the patient to recover from the supervening exhaustion.

In regard to the treatment of LaGrippe, we should ever bear in mind that we are not treating a severe cold, but that we are dealing with a specific disease, peculiar to itself and dependent upon the presence of its own bacteria in the system, at the time, and just as independent of an ordinary "*bad cold*" as is measles, scarlet fever or small-pox.

In simple, uncomplicated cases, we have always found quick relief from a combination of sulphate of quinia, antifebrin and podophyllin; the quinine acting as a gemicide and stimulant, the podophyllin quietly stimulating the secretions, and the antifebrin relieves the aching pains and reduces the fever.

After the attack has subsided the patient should be put upon a stimulating tonic, to counterbalance the prostration, which always follows, even in the mildest cases. The most efficient we have found to be a capsule, composed of iron, quinine, strychnia, cocaine and damiana. This to be continued some twenty or thirty days after the attack. Complications must be treated as such, but carefully avoiding any depressing or prostrating plan of treatment; bronchitis, pneumonia, disordered stomach or bowels must be treated as such, independent of LaGrippe, but forever bearing in mind the prostrating tendency of the poison of LaGrippe.

Always keep your patient upon a highly stimulating and nutritious plan of treatment. Where the nasal and bronchial membrane is seriously involved, great benefit may be derived from antiseptic inhalations. The vapor of iodine and carbolic acid, eucalyptol, tincture of benzoin and chloroform—or, best of all, medicinal peroxide of hydrogen.

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## ACUTE HYPERTROPHY OF THE MAMMARY GLANDS.

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BY T. J. CROFFORD, M.D., OF MEMPHIS, TENN.

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The following case is interesting on account of its rarity, on account of the rapidity of growth, and on account of the unusually large size to which the mammary organs have attained. So far as my investigations go, with the literature at my command, it is the largest and most rapidly developed case of hypertrophy of the breasts on record.

Mollie H., aged fifteen years, was brought to me on the last of August, 1890. When she was but a few months past the age of fourteen this girl experienced her first menstruation.

At the time this came on she was suffering with la grippe and the mumps. The menstruation at this time and subsequently ran the usual course. Prior to puberty, the breasts of this girl

presented nothing unusual, but in a short while the mother noticed that they were unduly large, and ere long the enlargement amounted to a deformity. A physician was consulted; none of his remedies were of avail in checking the wild, riotous growth which these organs had taken on.

When placed under my charge, the measurements in inches, as taken by Dr. A. B. Holder of this city, were: Circumference at base, right 23, left  $24\frac{1}{2}$ ; circumference midway between base and nipple, right  $27\frac{1}{2}$ , left 31; circumference from front of base over nipple and back to starting point, right  $32\frac{1}{2}$ , left  $35\frac{1}{2}$ ; from sternal to axillary side of base over nipple, right 27, left 29; from base above to base below over nipple, right  $22\frac{1}{2}$ , left 24 inches.

Yet I shrank at sacrificing the breast of a girl just budding into womanhood, and when I thought that she would be chagrined at not being like other girls, and, above all, be deprived of the highest boon of maternity should she ever become a mother, the revolt was complete, and they were told that although the authorities said there was nothing to be done in such cases except amputation, yet we would not amputate these organs without a thorough trial of compression.

So, with the assistance of the nurses and Dr. Holder, bandages were applied for two weeks; at the expiration of which time the breasts were quite as large as when we began. The operation was now determined upon. Lateral flaps were made, not wishing to risk anything on the cosmetic operations that have been devised. The bases were large, the organs were quite vascular, so it was impossible to avoid hemorrhage when the slightest cut was made into the organs. There was almost no cellular tissue and fat between the skin and the gland. No doubt these had been absorbed on account of the pressure from the large and rapidly growing gland. Realizing that there would be quite a quantity of blood lost should the use of the knife be continued, the instrument was laid aside, and the closely adherent skin was peeled off from the gland by the use of the handle of the knife and the fingers. In a similar manner the gland was removed from its attachment to the pectoral muscles. The sheath of the muscles was brought away with the gland.

There was one fact right here connected with the operation which surprised and impressed me. This was the absence of bleeding vessels at the base. Remembering the fact that the mammary glands have rather good sized arteries from the internal mammary, from the intercostals and from the thoracic branches of the axillary in their normal condition, then taking into consideration the greatly increased blood supply incident to this large and rapid growth, we were prepared to ligate some formidable vessels at the base. But, to our surprise, there was no bleeding beyond a moderate oozing, and we were forced to the conclusion that these glands drew by far the greater part of their nutrition from the vessels entering through the skin.



In looking at the photograph the superficial veins can be plainly seen. Taking this fact into consideration, might it not be worthy of a trial early in the progress of a similar case to dissect up the skin, and then replace it in its former position, hoping to change the abnormal nutrition and cause a shrinkage of the organ by breaking up its blood supply, without which it could not so lustily thrive?

She experienced a somewhat tardy healing, partly I think on account of the irritating and septic fluid, which was considerable from the gland, and partly due to the want of sufficient circulation in the skin flaps after having been torn from the adherent organ.

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No. 2.—Microscopical appearance of Tumor. 350 diameters. *A.*—Acini nearly normal, but dilated. *B. M.*—Basal membrane. *g. c.*—Gland cells, margins of which are undefined protoplasm and nuclei granular. *l. c.*—Cells lying in lumen, result of proliferating activity of *g. c.* *A.*—Acini disarranged by pressure of connective tissue. *c. t.*—Connective tissue, split, cloudy, degenerated, strictly diagramatic. *c. t. n.*—Connective tissue nuclei.

Notwithstanding we left an excess of two inches of flap, there was a contraction in healing until it barely covered the wound.

The right gland was amputated September 13th, and weighed 13 pounds. The left was removed October 2nd, and weighed 11½ pounds. Two weeks later she returned home in good health, and has remained so.

Dr. Wm. Krause of this city has kindly prepared a report of microscopical appearance of these organs, which is the most interesting part of the case, and reads as follows :

*Dr. T. J. Crofford, City.*

The tumor sent me for examination is one of those rapidly growing, circumscribed, benign neoplasms which have been variously styled diffuse adenoma, acute fibro-adenoma, acute diffuse hypertrophy, &c.

Microscopically, it appears like a fatty tumor, doughy to the touch but rather more nodular, with firm centres. On section it looks white, with very few vascular spots, soft in portions. The exuding juice consists of fatty and granular cells. Some portions are firm like collections of fibromate. Near the base of the tumor and a little to one side, a pink mass the size of a walnut was found, differing from all the balance of the growth, both in gross and microscopic appearance.

Under a low power the tumor is seen to consist mostly of fibrous stroma without fatty tissue, the gland tissue being in places normal, but everywhere pervaded by the growing fibrous matrix, showing every gradation from simple increase of stroma to complete destruction of gland, loose epithelial cells being imprisoned like in a very firm scirrhus. For the most part it looks like fibro-adenoma, the cells lying in open spaces, often arranged in concentric layers, surrounded by a wall of firm, fibrous tissue.

Under a high power the connective tissue can be seen to split roughly, the bundles interlacing, hy-a-line or cloudy, with very few neuclei. The acini are in some places nearly normal, though apparently dilated and filled with deeply staining cells arranged in one or more layers. Numerous lymph channels pervade the mass, and here the process of formative tissue generation can be seen in all stages—escaping corpuscles undergoing mycosis,

young connective tissue cells in the act of growing and elongating, &c.

Osmic acid preparations show a few minute fat globules scattered through all the tissues.

The macroscopically pink portion differs from the main mass, principally in not having any normal gland tissue in it; the acini are only masses of highly staining cells without any effort at arrangement. The stroma is characterized by having a large number of nuclei, the connective tissue being embryonic in appearance; a few nuclei give the impression of being those of unstriated muscle, particularly around the epithelial collections which take the place of acini.

In the place of duct lumina there are open spaces in the spindle-celled stroma, filled with the same dark, staining cells found in the more normal acini and ducts.

We thus have a rapid growth, simulating cancer, adenoma, fibroma and hypertrophy, but yet not corresponding entirely to any of these.

The points of difference between this and the one described by Billroth in one of his two cases, are the entire absence of glandular activity beyond the proliferation resulting from direct pressure, and the relatively smaller amount of normal gland tissue. We have in the pink portion described above very probably one of the "sarcomatous nodules" spoken of by Billroth in his case. Billroth's description coincides with this more than the diagram given, for in no portion of this growth are the acini so abundant, and I doubt if physiological activity were possible to any extent in this case—certainly not an increased one—without which there can be no true hypertrophy. Acute diffuse hypertrophy is no doubt a good name clinically, but histologically we have every evidence of primary hyperinosis without any signs of irritation—round cell infiltration, the gland cell proliferation being secondary.

The extreme coarseness and interlacement of the fibrous tissue stamps it as a neoplasm.

The most remarkable point in the histology of these tumors is

that they are in every respect diffuse as far as the mamma is concerned, but do not invade the surrounding tissues.

Very respectfully,

WM. KRAUSE, M.D.

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## SOME PRACTICAL POINTS IN ABDOMINAL SURGERY.\*

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BY JOHN H. M'INTYRE, A.M., M.D., ST. LOUIS, MO.

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"Suppose I give a hint to you,  
Suppose you give a point to me;  
Then I shall give a hint to you,  
And you will give a point to me"—

in the discussion which I hope will follow the reading of this paper.

In my opinion, any "point" or suggestion which diminishes the risk to life after laparotomy is an important one.

The first point to which I call your attention is that of anæsthetics, the safest and best of which is bichloride of methylene used in Junker's inhaler. I have used it in laparotomy work for the past ten years without a single untoward symptom, and with the greatest satisfaction, and upon many occasions have put it to as severe a test as it is possible to put an anæsthetic.

By its use anæsthesia can not only be promptly induced, but safely maintained for any desirable length of time, and it is rarely followed by nausea and vomiting.

By the use of the inhaler of Junker, overdosing is next to impossible—in reality the patient takes inspired air, charged with the vapor of bichloride of methylene, and it is surprising what a small quantity is required in doing a prolonged operation.

Short incisions constitute another point of excellence, and should never be extended beyond the point of necessity in removing a growth of given size without bruising the tissues. In removing the ovaries or fallopian tubes, or both, it is rarely that the ventral incision need be over two inches in extent.

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\*Read before the State Medical Association of Missouri, Excelsior Springs, Mo., May 21, 1891.

In dealing with adhesions, perseverance by well directed effort will always succeed; remembering, however, that violence is always harmful, and the necessary force should be that of gentle momentum.

Intestinal adhesions should be separated as far from the gut as possible, for by so doing the danger of hemorrhage is much lessened; they should be carefully examined afterward, as the placing of a Lembert suture in the proper place at the opportune moment will prevent the mortification of a future fecal fistula.

In the management of the pedicle, I always use Japanese cable silk, transfixing and tying the ordinary surgical knot when dealing with large tumors; for removal of the appendages I am partial to the Staffordshire knot of Tait.

#### DRAINAGE.

"When in doubt" I always drain, and prefer the Keith tube to all others, and am a thorough believer in flushing the abdomen with a large quantity of hot distilled water; it is marvelous sometimes to see how many blood clots can thus be washed out, even after careful sponging, besides it is one of the best methods of relieving shock.

Closure of ventral wound can best be done with silk worm gut; it is the ideal suture, as it is round, smooth and very strong, and can be rendered perfectly aseptic. As it is rather stiff, it should be steeped for a few hours before using in a solution of some kind so that it can be tied tightly. It should be threaded at each end upon straight or slightly curved veterinary needles. The needle, being held in the grasp of the Spencer-Wells needle holder, should be passed from within outward, always including the peritoneum. Sutures should be placed five or six to the inch. The frequent cause of ventral hernia following abdominal section is an insufficient number of sutures.

#### AFTER MANAGEMENT.

For the first twenty-four hours nothing should be taken into the stomach, except a little hot water; bits of ice chewed or swallowed do not relieve thirst. The second day a little barley water may be allowed, and on the third day she can be promoted

to a chicken wing, when afterwards, if everything goes well, almost any light diet may be allowed.

When pain is present I use but little morphia, on account of its tendency to arrest secretions, and thereby prevent the elimination of morbid material, but in its stead for more than a year past have used Antikamnia with happy effect. It soothes and tranquilizes, and lessens the tendency to rise of temperature.

Stitch hole sinuses can best be obviated by early removal of the sutures. It is rarely that I allow sutures to remain in the ventral wound longer than the eighth day, and I often remove them as early as the sixth.

He who essays to do abdominal and pelvic operations should, by previous observation and training, be so fitted for his work that when he comes into "action" he will be "ready for anything, and surprised at nothing."

The best place in which to obtain the highest grade of success is not in large general hospitals, neither is in "the cottage by the wayside," but in a small, especially prepared establishment, under the absolute control of experienced management.

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## *Correspondence.*

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### FULMEN.

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*To the Editor of the Southern Practitioner:*

On the evening of June 5, 1891, while engaged in conversation with a friend, there came a brilliant flash of lightning, which was immediately followed by a deafening peal of thunder. Soon a messenger announced that the little daughter of a fellow-practitioner was struck by lightning, and stated that my presence was immediately desired. The clothes of the patient were fired by the flash, and on each side of the median line in front was the well-marked path of the destroyer. In fact, the track was literally from head to foot, as was attested by a subsequent examination and livid discoloration of the skin. The three vital functions of life seemed almost or quite suspended; yet hope, actuated by intense desire, caused us at times to fancy we could

recognize faint respiration and circulation. Artificial respiration and other means were attempted for resuscitation, and a hypodermic injection of nitro-glycerine given to aid the circulation. But in spite of all we could do we had to acknowledge lightning king, and resign our patient to his embrace.

Where so severe a stroke as the one described is received I believe it impossible to aid by medication

But supposing a case less severe, though sufficiently alarming, should occur, what would you or your medical readers do when confronted by such a *fact*, and not a theory?

V. S. HALCOMB, M.D.

Lowell, Ark.

In reply to the interrogatory, the following quotation from "Holmes' System" is submitted:

"Death is caused in immediately fatal cases by the shock to the brain and nervous system, and perhaps in some instances asphyxia; and it appears impossible to express the indications for surgical treatment in these cases more clearly and succinctly than they are given by Sir B. Brodie: 'Expose the body to a moderate warmth, so as to prevent the loss of animal heat, to which it is always liable when the functions of the brain are suspended or impaired, and inflate the lungs, so as to imitate natural respiration as nearly as possible.' . . . . . Cold affusion, stimulating enemata, and stimulants administered by the mouth [inhalation of nitrite of amyl?] will be appropriate adjuvants to this treatment, especially in less severe cases."—[ED. S. P.]

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## *Selections.*

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THE TRUE DOCTOR.—A recent lecture delivered by Mr. Chas. F. Thwing before the Medical Department of the Western Reserve University, deserves more widespread attention than it will probably receive. Of the many gems contained in it we select the following: "A profession differs from a trade in that, in the trade, the relation between seller and buyer is commercial. In a

profession, the relation between the giver and receiver is personal ; in a trade, money is the aim avowed and represents the method pursued ; in the profession, money is neither the aim nor the method, only a condition."

" If a doctor does not believe in the faith cure, he does believe in the value of hope as a curative agent, and also believes that the faith of the patient in him as a doctor is ever to be fostered ; and he also knows that his own faith promotes faithfulness."

With regard to sympathy, Mr. T. says : " He is to be neither a piece of steel nor a weeping Niobe." A minister of courage and hope is the doctor to be. " He is not to shrink or shirk."

With regard to the too prevalent habit of prescribing opiates, he says " it is because of the temptation to seek the agreeable and evade the disagreeable, many doctors are led into the excessive recommendation of opiates and stimulants. The physician should not be influenced unduly by the desire to stop pain. It is easy to stop pain. The guillotine does it."

A good precept is : " Do not carry a long face into the sick room ; do not be funereal ; do not carry a broad face into the sickroom ; do not be flippant ; do not gossip ; do not tattle ; do not talk about yourself ; do not talk about other patients ; do not make the patient sicker by staying too long ; do not make him think he is not getting his money's worth by staying too short ; do not come to the bedside with your clothing reeking with tobacco or with cologne ; do not fuss ; do not complain ; be a man." To the patient the writer gives some good advice also : " Let the sick man put entire confidence in his doctor ; let him choose a doctor before he becomes a patient. Choosing a doctor is the next most serious thing to choosing a wife, therefore you should take time. Do not let a sneeze be a signal for bringing him to your bedside at midnight, but remember that of the sickness which is the most serious, the first symptoms are slight. When he is called let your trust in him be complete ; do not think that he will call oftener than he needs ; think that his interest is yours ; your interest his. Do not dispute his bill, pay it. Pray for him, love him."

On the subject of professional courtesy, the writer says : " If



you cannot say anything good about a brother physician, do not say anything."

On quackery, he delivers himself thus quaintly: "Of the quack many are fond. I hardly know the reason for this, unless it be the reason lying in what is called the fascination of a precipice. It is for the true physician to assure the people that there is no royal road to the ruddy heights of health. This road is not paved with broken bottles of 'Warner's Safe Cure;' the fences are not built of boxes of 'Beecham's pills;' the sides of the road are not planted with potatoes to be carried in the trouser pocket to keep off rheumatism."

The entire address, as published in the *Cleveland Medical Gazette* for March, 1891, is worthy of careful reading.—*Dietetic Gazette*.

PONCA COMPOUND IN LEUCORRHOEA. —"Patient, female, 33 years of age, married, mother of three children, pregnant with the fourth for three months; has to work hard for a living. When she called on me she complained of terrible bearing down pains, cramps in the bowels, indigestion and great weakness. On examination found a copious flow of white, greenish liquid, from which she told me she had suffered for years. I prescribed the usual remedies, which, while they relieved the leucorrhœa somewhat, did not produce the desired result, especially as her occupation and means precluded a restful life for any given time. Ponca Compound having been recently called to my attention, I was struck by its evident application to the conditions of this case and gave the patient fifty tablets, with instructions to take one after each meal and one at bed-time, and report to me when she had taken all of them. In about two weeks' time I saw the patient, and was more than surprised to find the leucorrhœa entirely gone. She informed me that her pains had disappeared, her appetite had improved and her bowels had moved regularly every morning. She said her womb had grown firmer, in fact, it gave her no trouble and she did not know she had such a thing. Furthermore, she had been able to attend to her usual occupations without any difficulty. She desired a prescription for the

same remedy, which I gave her, and she left me to all appearances a new woman.

“One thing I must mention, Ponca Compound seems to affect the appetite, improving it considerably, and also to a greater or lesser extent overcomes constipation.”—*O. Gay, M.D., in Medical Mirror, May, 1891.*

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**RETENTION OF THE MEMBRANES OR PLACENTA — CAUSES AND TREATMENT.**—The following is the substance of an interview with Dr. Egbert H. Grandin, Chairman of the Section on Obstetrics in the New York Academy of Medicine, and one of the leading obstetricians of New York City, which we find in the *Richmond Practice* for May :

“Retention of the membranes or placenta after miscarriage (abortion) or labor at term, is in part due to natural causes ; in part dependent on the action of the accoucheur. Disease of the uterus antecedent to impregnation, fatty degeneration of the placenta, attempts at miscarriage during the early months of pregnancy—such, briefly stated, are the main natural causes of retention. The administration of ergot prior to the completion of the third stage of labor, traction on the cord in order to effect delivery of the placenta, the twisting of the membranes after placental expulsion—such, briefly stated, are the chief causes dependent on the accoucheur. In the first instance, retention is due, as a rule, to adhesions between placenta or membranes and the uterus ; in the second instance, retention is simple—that is to say, it is mainly due to spasmodic closure of the uterine sphincter, or of the lower uterine segment (hour-glass contraction) below the retained portion, which, as a rule, lies loose in the uterine cavity. Premature resort to placental expression might lead to simple retention owing to the fact that spurring of the uterus to contraction before it has recovered tone after the second stage of labor, may result in atony of the uterus ; exceptionally, the result will be expulsion of the placenta without a portion of the membranes, seeing that these have not been given an opportunity to separate.

"After the completion of the *second* stage of labor the uterus requires time in which to regain the *tone* necessary for physiological action (contraction) during the third stage. To massage the uterus, to compress the uterus, to pull on the cord before this tone has been acquired, can only result in *adding*, so to speak, *shock to shock*. It is spurring the jaded steed, and the result is *uterine atony* with its consequences. My rule of practice, after the completion of the second stage, is: Keep the hand on the uterus and wait for the return of contraction. When contractions recur efficiently, then resort to expression in the proper axis. If there be no adhesions or hour-glass contraction, the placenta will be expelled. As a rule, efficient contractions recur in from fifteen to twenty to thirty minutes. If they do not at the end of the thirty minutes, I proceed to find out why, and to act according to the indication. Action—that is, manual removal—*close on* to the expiration of the second stage, is, as a rule, only required in cases of hemorrhage.

Retention of a portion of the membranes or placenta, if protracted, will always, to a greater or less degree, prove harmful to the woman. Both placenta and membranes, their purpose once subserved, are foreign bodies, and as such should be treated. Their presence in the uterus, if they do no more, will interfere with the involution of the uterus. According as pregnancy has advanced nearer the term, retention carries with it the risks of hemorrhage and sepsis in the present, and of endometritis and possibly salpingitis in the future. Asepsis and thorough emptying of the uterus are the keys which lock the doors effectively against any and all of these risks. The one is obtainable through absolute cleanliness of the physician, nurse and parturient; the other through the physician's determination not to consider abortion or labor at term complete until he has digitally or manually explored the uterine cavity in every instance where inspection of the ovum or the placenta leads him to suspect their integrity. Immediately after abortion or labor at term, the cervical canal is, as a rule, wide open (provided ergot has not been administered), and it is a simple procedure, and a procedure carrying with it no risk to the woman, to insert the finger, if need be, the hand,

to the fundus of the uterus and detach the adherent portion of the placenta or of membrane. Due control of the uterus and depression of the organ through the abdominal wall by the other hand and absolute cleanliness of the internal finger or hand, are, of course, essential. According to the expertness of the physician, he will depend on his fingers and not on curettes or placental forceps.

“Removal of portions of placenta or membranes by this manipulation is far easier and safer than if not having been removed. Symptoms of local sepsis, for instance, necessitate interference a few days after delivery, when the uterus has, to a greater or less degree, contracted. When removal is accomplished at this date it may be in the face of an endometritis, which, in turn, may merge into a salpingitis—to say nothing of further possibilities, such as general septicæmia, purulent peritonitis, etc.”

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**BORACIC ACID APPLICATIONS IN ENDOMETRITIS.**—Dr. Alexander Duke said in a recent paper in the *British Medical Journal* :

Having obtained the most decided benefit in the treatment of cases of vaginal leucorrhœa and erosion of the os and cervix uteri, both acute and chronic, by vaginal application of boric acid, and having also observed the rapidity with which the healing process is effected by the same treatment in cases of division of the cervix for stenosis, I not long since designed a convenient form of insufflator for the purpose. Thinking I could go a step further and apply the acid to the endometrium itself, I found that, by means of a slightly curved vulcanite tube something larger than a No. 12 catheter, with tightly fitting rod or piston of the same material, I could safely do so.

The tube spoken of is charged for about two inches from its point by drawing back the piston and plunging the tube downward into powdered boric acid contained in some deep receptacle, such as a wide-mouthed bottle. The point of the tube then being inserted into the uterus, having been previously cleansed with my wire curette, which holds the secretion during removal,

the piston is pushed home, and a stick of compressed boric acid is deposited in the uterus, the patulous condition of the os and cervix existing in these cases facilitating the introduction of the tube. By this simple means I have succeeded in curing quite a number of cases of this troublesome and intractable complaint, some of which had previously, both in my own practice and that of others, resisted the usual routine—caustic treatment. I also thoroughly dust over the vaginal walls with the powder at the same time.

Judging by my own experience, I should say that if this treatment be adopted (as described), the most chronic cases of endometritis should yield to a dozen such applications at most, at intervals of three or four days. It is now some years since Dr. Redmond, surgeon to the eye and ear cases in St. Vincent's Hospital, Dublin, having found the value of boric acid in cases of suppuration from the ear, was kind enough to suggest to me its suitability as a treatment in these cases. And it was while making trial of his valuable suggestion that I read a paper by Dr. Schwartz, of Halle, on the value of boric acid as a vaginal application in cases of leucorrhœa, which considerably strengthened the ideas I had then formed as to its use.—*Northwestern Lancet*.

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**A NEW TREATMENT FOR EPILEPSY.**—The combined use of the bromides with any organic agent capable of depressing the nerve centres, such as Calabar bean, picrotoxine, belladonna, etc., in the treatment of epilepsy, is proposed by V. Poulet (*Bull. general de Therap.*, March 15, 1891), based on the generally recognized fact that all organic agents found useful in the treatment of the malady in question act similarly on the capillary circulation.

It is worthy of note that Calabar bean, belladonna and picrotoxine, in therapeutic doses, all act like bromide of potassium upon the muscular system and upon the capillary circulation of nerve centres, thus relieving congestion and preventing hyperæmia. The conjoined action of any of these organic substances and the potassium salt, according the author, has given the best results in the treatment of epilepsy.

Five cases are detailed, occurring in individuals of from 15 to 65 years of age. The combination of physostigma, or the sulphate of eserine, and the bromide of potassium, and of this and picrotoxine, gave the best results in two of the cases cited occurring in adolescent life; in a third, due apparently to the coming on of the menopause, and in a fourth case, observed in an old lady. In the fifth instance, in which the malady was attributed to the existence of organic cardiac disease, the best effects were produced by a combination of the potassium bromide and digitalis. In this case strophanthus was also used, but with little benefit.

With regard to the dose of the different remedies employed, and taking into consideration individual idiosyncracies, from 75 to 90 grains of the potassium salt were given to women, and from 105 to 120 grains to men. Of the sulphate of eserine; picrotoxine and the sulphate of atropine, one-sixth of a grain each of the first two drugs and one-sixtieth of a grain of the last one were given. Half a fluid drachm of the tincture of Calabar bean, or twelve and a half grains of the powder, were employed instead of the eserine salt. The alkaloid atropine was replaced by half a fluid drachm of the tincture of belladonna or by eight and one-third grains of the powder of the root. In cardiac epilepsy, digitalis was employed in from twenty drops to half a fluid drachm of the tincture, or in four-gram doses of the powder. In order to avoid disturbances of the stomach, due to the action of the remedies used, these should be administered at the beginning or at the end of each meal.

In conclusion, the author believes that the bromides are the chief remedies to be used in the treatment of epilepsy, and that when patients become habituated to the action of the potassium salts, the employment in combination with those of the organic substances mentioned is productive of the most gratifying results. It was likewise observed that these remedies seemed to prevent the frequent maniacal states following attacks of the *grand mal*, and also to stop the appearance of immediate accidents, such as hemiplegia, delirium, stupor and coma.—*University Medical Magazine*.

**THE TREATMENT OF SUPPURATING WOUNDS WITH PYOKTANIN.**—Korn contributes some observations on his experience in the use of pyoktanin (*Berl. klin. Wochenschrift*, Feb. 9, 1891), expressing the belief that when the method of its employment is better understood it will be found, not that the substance will supplant the rest of the antiseptics, but that it will show that it has a definite field of action, in which it will yield very good results. Its sphere of usefulness will be essentially that in which iodoform has been employed. He does not think that the latter has fulfilled the hopes which were put in it. In the treatment of suppurating wounds, he considers that pyoktanin excels all other agents, while for recent wounds other antiseptics are better adapted.

As examples illustrative of pyoktanin, the writer mentions three cases of leg ulcers, of long duration, which healed in a very short time under applications of the ointment, combined with firm bandaging; an instance where a sinus of the toe, following periostitis, ceased to discharge pus, and healed in eight days after a thorough application; a case of neglected suppurating adenitis of the neck, which healed quickly after a liberal touching of the pyoktanin stick; a case of mastitis of both sides, which, in spite of free incision, washing with bichloride solutions and drainage, continued to discharge pus freely, and healed very shortly after the use of the stick; and one of peri-articular abscess, associated with old hip disease, where, after opening, evacuation and sterilization with pyoktanin, healing was effected in a fortnight.

Korn believes that in such cases pyoktanin excels other antiseptics by virtue of its diffusibility, and that while it is an undoubted germicide, it is especially powerful against the bacteria of suppuration. He refers to the experiments of Wortman, who has found that bacteria of this class are killed by a solution of 1-1000 in half an hour, and by a solution of 1,2000 in an hour. The agent causes the death of the cell in a mechanical, not a chemical, way, and hence it is necessary to secure its prolonged contact with the suppurating surface.

In practice, he says, it is not sufficient to wash out suppurat-

ing wounds with a solution of pyoktanin, and then to apply a dry dressing, but whenever possible the surface should be dusted over with the powder. In abscesses, after evacuation, the walls of the cavity should be thoroughly brushed over with the pencil, and fistulous tracts should be likewise dealt with.

The great disadvantage of pyoktanin is the staining of everything with which it comes in contact; not only the parts surrounding the region where it is applied and the patient's clothing, but the surgeons hands as well. The objection, however, will be overcome almost entirely if the surgeon will avoid the use of solutions as much as possible, and will employ only the powder, stick or ointment, having first disinfected his hands carefully with bichloride of mercury.—*University Medical Magazine*.

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A CASE OF REMARKABLE SURGICAL INTEREST.—The following case was communicated by letter from Dr. W. W. Stennett, of the Chicago and Northwestern Railroad, to Dr. Edward H. Williams, of the Baldwin Locomotive Works, and is well worthy of being recorded in the *University Medical Journal*:

A switchman in a retired part of one of the yards of the Chicago and Northwestern Railroad picked up the arm of a man which had been crushed off at the shoulder joint and having on it a shirt sleeve. Diligent search was made for the owner of the lost member, but nowhere could he be found, nor could any clue to the accident be discovered. Five days after the accident the police found the man at Clyborn, five miles from the scene of the injury, exhibiting his mutilated shoulder in proof of his arm having been cut off by a train. This exhibition he had made in twenty or thirty saloons for the purpose of obtaining whisky. During all the time no dressing had been applied, or any vessels tied. He was sent to a hospital and recovered perfectly. On examination it was found that the arm had been torn out of its socket, leaving the other elements of the shoulder, the clavicle and scapula, intact.

The forcible ablation of an arm has occurred by machinery without any serious loss of blood, but the shock usually renders the patient helpless, and the surgeon invariably feels it his duty



to ligate the crushed vessels. The marvel, however, in this case, was in the ability of the man to travel about for five days, realizing neither shock nor bleeding. It is not improbable that had one or two days more elapsed without a dressing, fatal bleeding would have ensued from sloughing of the crushed vessels, such sloughing often being delayed as late as the seventh day.—*D. Hayes Agnew, M. D., in University Medical Magazine.*

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**SEASONABLE REMEDIES.**—Among seasonable remedies, which are supplied by Parke, Davis & Co., are the following :

Chloranodyne, which is an excellens anti-spasmodic and anodyne in diarrhoeal disorders, gastric troubles and intestinal colic. It combines the therapeutic virtues of morphine, Cannabis indica, chloroform, capsicum, hydrocyanic acid, alcohol, glycerin, and oil of peppermint. It is an improvement upon Chlorodyne, a patented preparation, widely dispensed as an anodyne and antispasmodic.

Liquid Acid Phosphate, the action of which is to relieve symptoms of nervous exhaustion, depression, sleeplessness, melancholia, and increase the vitality. This action is so well recognized that the Acid Phosphate is in considerable demand as a stimulating beverage.

The ordinary dose of the Liquid Acid Phosphate is one-half to one fluidrachm, in a glass of water, sweetened or not, according to taste. With carbonic acid water and any suitable syrup, it forms a refreshing and agreeable beverage.

Lime Juice and Pepsin is a grateful refrigerant and anti-scorbutic. It is a prophylactic against many disorders prevalent in the summer months.

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**SANDER & SONS' Eucalypti Extract (Eucalyptol).**---Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

## *Editorial.*

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### TIMELY ACTION: PROTECTION.

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At a meeting of the Physicians of Nashville, held at the hall of the Academy of Medicine on Thursday evening, June 18th, in pursuance of a call issued by the Academy of Medicine, there were present Drs. Edwards, Buist, Haggard, Douglas, Eve, Roberts, Bonner, Crawford, Dunn, Altman, Eve, Glenn, Grant, Handley, Harwell, Hale, Harrison, Kinkead, Mitchell, Neal, Poyner, Robertson, Rothrock, Savage, Stephens, Tucker, Wood, and others. A committee, previously appointed by the Academy of Medicine, of which Dr. G. P. Edwards was chairman, submitted the following report through its secretary, Dr. J. S. Cain, which, after some discussion, was adopted:

Your committee, appointed at a former meeting to inquire into the practicability and necessity for a Physicians' Co-operative Organization, looking to the more successful collection of compensation for medical services rendered the public, and to formulate a plan for such organization, if deemed feasible, beg leave to report: That we deem such an organization not only practicable, but in view of the fact that the medical profession, in this day of associated trusts, unions, combines, alliances, etc., is about the only business association amongst men which has no co-operative protection, and is absolutely at the mercy of those who choose to claim and appropriate its services; and being a calling which in its very nature and practical workings, must of necessity be more largely taxed than all others as a free will offering to public charity, and besides this necessary contribution, the losses sustained by reason of unpaid bills for services rendered are quadruple that of the losses of any other calling or profession, we deem such an organization absolutely necessary for self-protection and the maintenance of that dignity and respect which a great and learned profession should demand for itself.

"We respectfully submit the following constitution and plan of organization:

## CONSTITUTION.

## ARTICLE I.

SECTION 1. The Association shall be known as the NASHVILLE PHYSICIANS' MUTUAL PROTECTIVE ASSOCIATION.

SEC. 2. The Association shall be composed of the practitioners of medicine of Nashville, and its object shall be the more perfect enforcement of the collection of debts due them for professional services, and the prevention of the now too prevalent custom of deadbeating the profession by parties who are able to pay for medical services.

SEC. 3. This Association shall exist independent of any other society or association, shall not take into account fee bills or rates of charges, and shall exist for the one sole object above stated.

SEC. 4. It shall be organized by the election of a president, one vice-president, and secretary and treasurer, the latter offices to be filled by the same person, who shall receive a reasonable compensation for his services.

SEC. 5. The officers shall be elected annually hereafter on the first Monday in June.

## ARTICLE II.

SECTION 1. The restrictions and regulations imposed by this organization are not intended to apply or be made applicable to any case of meritorious charity, or to any person who, by reason of misfortune or unavoidable losses, is rendered unable to pay medical bills; and the privileges herein contained shall never be resorted to as a means of revenge or retaliation for personal grievances on account of the ill-treatment of physicians by patrons or others; and any physician disregarding these provisions, by placing such persons under the professional ban is unworthy the association, and shall be subject to charges of unworthy conduct.

SEC. 2. Each physician coming into the Association shall sign the constitution or articles of agreement, and such signature shall be equivalent to a pledge of honor that he will abide by and conform to each and every proviso therein contained, with strict and unequivocal fidelity.

SEC. 3. Any member of this Association violating the pledges and provisions herein contained, or which may hereafter be legally enacted, shall be subject to arraignment before the Association at a meeting regularly convened for investigation, and shall be subject to reprimand or suspension upon a majority vote, or, expulsion by a two-

thirds vote of the members present. The latter penalty shall deprive him of all professional recognition from members of the Association.

SEC. 4. Any physician eligible to membership in the American Medical Association may become a member of this Association.

SEC. 5. Not less than seventeen members shall constitute a quorum for the transaction of business.

SEC. 6. Meetings shall be convened upon call of the President, through the city press or by postal card, upon the request of any five members in good standing.

SEC. 7. Changes, amendments or additions to the Constitution shall be presented in writing at a meeting regularly convened, and shall not be acted upon in less time than two weeks thereafter, which must be at a similarly convened meeting.

### ARTICLE III.

SECTION 1. Each member of the Association shall, as soon after its organization as possible, make and furnish to the Secretary and Treasurer an alphabetical list of such of his professional debtors as he may deem appropriate for condemnation, giving date of service and amount and character of debt, not embracing any debt contracted prior to January 1, 1889.

SEC. 2. These lists shall be consolidated and arranged by the Secretary and Treasurer in alphabetical order, placing on one line the name of physician, name of debtor, date of service, and amount of debt, which list so compiled shall be printed and placed in the hands of the Secretary and Treasurer, who shall furnish one list, and no more, to each member, which list shall be kept privately by the physician, and its contents not divulged except to parties therein condemned, and to them so far only as they may be individually concerned, and these lists shall be revised and reprinted as often as the society may from time to time determine.

SEC. 3. The placing of the name of any person upon the condemned list, as provided in Section 2, shall have the effect to prohibit any member of the Association from practicing for, or rendering professional services in any way, either for compensation or otherwise, to such person until he or she shall present a receipt or unequivocal proof that the debt for which he or she had been placed upon the list has been paid off, or satisfaction rendered.

SEC. 4. When a party who has been placed upon the condemned list shall pay off or satisfy the debt, it shall be the duty of the physi-

cian so collecting to give a receipt in full, which shall constitute the evidence of the person so paying that the debt has been settled.

SEC. 5. No physician shall collect a debt owing to another physician, no matter how great may be the emergency, unless the party so collecting shall have in his possession written authority for so doing.

SEC. 6. A committee, consisting of three members, to be known as the Committee on Complaints and Grievances, shall be appointed by the President upon the accession of each new officer, to which all complaints entertained by physicians against physicians for disregard or violation of regulations, and by patrons against physicians for improperly placing or retaining them upon the condemned list, disregard of the demands of charity, and other violations against the spirit and letter of this compact. And it shall be the duty of this committee to investigate all such charges or complaints, and endeavor to reconcile the same, restore harmony, and accomplish the ends of justice to all parties concerned. And in the event of failure by the committee to accomplish these ends, the matter shall be referred to the Association, with recommendation of the committee, for investigation and final action.

#### ARTICLE IV.

The membership fee shall be \$1, and assessments shall be made by the Association to meet such expenses as may occur."

The profession of medicine in this locality, as elsewhere, have from time immemorial been so imposed upon by certain classes that the hardship has become unbearable. In this organization, with the regulations adopted, there is nothing derogatory to the most delicate sense of honor. It only looks to a reasonable and just compensation for honest services. Charity, with its broadest mantle, has as ample room as ever to envelop in its folds every member of the organization as at any time from the days of good St. Luke to the present.

The provisions of the organization will be as beneficial to the youngest member of the profession as to the oldest and most renowned, if not more so, and will also prove of unquestioned benefit to all needing medical services.

For the honest man it has no bearing; and the victim of misfortune or the needy recipient of charity are amply provided for. The dead-beat, the "bilk" will have no better—but just as good—showing as in other lines of business. Charity and benevolence in the grocer, the butcher, the baker and the candlestick-maker are appropriate and in-

cumbent, as in the worthiest disciple of the healing art. He is just as much entitled to protect himself from the dead-beat and swindler.

It is a notorious fact that "whole families" live here, and have lived here for years, who have never paid one dollar for medical services—yet they can find means not only for the other necessities of life, but even for its luxuries. Street car fare, circus and theatre tickets, the race track, the saloon, the festive excursion, the fancies and follies of fashion, for themselves, their wives and children, and even their mistresses find them in the possession of ready money with which to meet their inexorable demands—nay, more, it is well known that there are men—no not men, but beings in their semblance—who will pay one physician for medical attendance on a concubine, and dead-beat him or another one equally deserving out of his just dues for services rendered his wife or his children. Is this right? Is it not time for an end to be put to such a condition of affairs as relating to a hard-worked and hard working profession?

The Doctors of Nashville are as deserving a class of men as any within its limits. Epidemic visitations have ever found them at their post of duty, and the name of "deserter" has yet to be applied to a single one from the birth of grand old Felix Robertson until to-day.

It is an "old, old story," and an "ower true tale," to which many have become only too familiar, and which few, if any new-comers in the profession of medicine escape, to be met with the following, or its like, in first being called to many—yes, many—families in this city: "Well, Doctor B., my wife (or my child, as the case may be) is sick, and I have tried Doctor A. or Doctor C., and they have done no good. I have found them incompetent or neglectful, too exorbitant in their charges, etc., etc., and I now want you to attend the case." Possibly the statement may even extend to downright slander and vilifying abuse.

With the protection of this organization Doctor B. can turn to his "little list" and size up his new patron in short order.

With an experience of Nashville and Nashville's Doctors for more than a third of a century, I can positively make the assertion, without fear of contradiction, that no Doctor has ever practiced medicine in this city for as long as twenty years without being able to show an indebtedness on his books of at least \$20,000, due from parties who have paid other bills no more necessary or just. And this, too, exclusive of hours and days of toil—unremitting energy, loss of sleep, risk of life in the exercise of charity—in every sense of the word, for neither

are they, nor have they claimed to be, exempt from charitable demands upon their purse and store outside of their professional labors. The lawyers, the teachers, the architects, civil engineers, brokers, merchants, farmers—nay, even the ministers—are not more liberal or generous in any charitable enterprise than the practitioners of medicine, outside of and exclusive of their professional services.

It is earnestly to be hoped that this organization will meet the approval and endorsement of every physician in the city. From a careful reading and close study of its provisions, I can see nothing derogatory to any one—no matter how high his sense of honor, or how grand his ideas of benevolence. A careful reading is asked, not only from the physicians of Nashville, but our many readers in other fields. It simply demands justice, and the most critical, be he professional or non-professional, is cordially invited and earnestly requested to point out a single unjust feature. To our professional brethren here, we earnestly and cordially say: Come into the organization. If it does not meet your approval in every particular, those who have “started the ball in motion” will be heartily glad of your cooperation and assistance in making it more perfect and more in accordance with the demands of the hour, so that good may result to all.

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### SHOEMAKER, STICK TO YOUR LAST!

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George Wigg, President of the Homœopathic Society of Oregon, in his annual address, delivered at Portland May 12th ult., enunciated the following:

“We have among us yet another class who are guilty of a crime. The crime of deceitfulness. One may often see hanging from the door-post, or painted on the window, these words: “Homœopathic Physician,” which announces to the passers-by that one who practices homœopathy holds forth within. You enter, describe to him your symptoms, and he prescribes. But what does his prescription contain? He has already informed you that he is a disciple of Dr. Hahnemann, that all his prescriptions are based upon the law as laid down in the Organon of the art of healing. Hence for the hoarseness you complained of, he gives you cubebs, one-half grain; benzoic acid, one-third grain; hydrochlor. of cocaine, one-seventieth part of a grain; powdered tragacanth, one-fourth of a grain; black currant paste enough to make ten grains. Ye Gods of the Romans, tell us what

Hahnemann thinks of such prescribing, as he looks down from the spirit land!

“Homœopathic physician” may dangle from the door-post or glisten from the office window, but inside it is Sir Astley Cooper, with his opium, antimony, magnesia, calomel and bark. Winslow with his morphia, carbonate of soda and syrup. Warren with his potash, liverwort, alcohol, glycerine, wintergreen and water. Abernethy with his universal pill, and old Mother Seigel with her capsicum, borax, sassafras, dandelion and spirit, with all the paraphernalia of charlatans from every clime.

Physicians holding themselves out before the world as homœopaths and practicing as above, are guilty of the crime of deceitfulness.”

Quite as applicable to this “bailiwick” as the Far West. Comment, however, is unnecessary.

TOO MUCH HEREDITY; WHERE IS DR. BATTEY?—The following appeared in the Associated Press dispatches to the *Daily American* of this city June 7th:

CARROLLTON, GA.—[Special.]—Mrs. Wm. Samples, living north of Carrollton, gave birth to four babies the other night, two boys and two girls. The mother is the daughter of Hon. Mose McWhirter, and is one of a beautiful set of triplet girls herself.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION has been placed in charge of Dr. J. C. Culbertson, of Cincinnati, who has made an enviable record in his management of *The Cincinnati-Lancet Clinic*, one of the best weekly medical publications in America—not so large as some of its contemporaries, being all *pure cream*, with an entire absence of skim-milk, swill and swash.

His election was unanimous on the part of the Trustees of the Association Journal, and we can congratulate them and the readers of the journal on their excellent choice, and at the same time feel gratified that a larger field is made oportune to one of the ablest and most progressive medical journalists of America.

Dr. C. is not only “*redacteur en chef*” in the editorial sanctum, but is the business manager as well. This is as it should be. An undivided responsibility will come nearer giving surety of success. We take it for granted that financial arrangements have been prepared that will enable him to secure such aid in the business and editorial departments as may be required.



# FRELIGH'S TABLETS,

(Cough and Constituent),

## For the Prevention and Cure of

# PULMONARY PHTHISIS

### FORMULÆ.

#### COUGH TABLETS.

##### EACH TABLET CONTAINS.

Morph. Sulph. [1-50 gr.], Atropiæ Sulph. [1-500 gr.], Codeia 1-50 gr.], Antimony Tart. [1-25 gr.], Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox, and Lachesis, fractionally so arranged as to accomplish every indication in any form of cough.

#### Constituent Tablets.

##### EACH TABLET CONTAINS.

Arsenicum [1-50 gr.], Precipitate Carb. of Iron, Phos. Lime, Carb. Lime Silica, and the other ultimate constituents, according to physiological chemistry, [normally] in the human organism together with Caraccas, Coca and Sugar.

### Price, Three Dollars Per Double Box.

Containing sufficient Tablets of each kind to last from one to three months according to the condition of the patient.

*A Connecticut physician writes:*

"I am now using your Tablets on a patient (young lady), who has had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morr., Syr. Hypophos. Co., etc., with no apparent benefit."

*A Virginia physician writes:*

"Enclosed find Postal Note for another double box Freligh's Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second, and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

*A Massachusetts physician, in practice 25 years, writes:*

"Send me two double boxes Freligh's Tablets. I have tried the sample box with most excellent results."

*A Michigan physician writes:*

"I am more than pleased with them. They have not disappointed me once. Dr. C. for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

### SPECIAL OFFER.

While the above formulæ have been in use, in private practice, over 30 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes, (retail price, Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card, letter-head, or soome proof that the applicant is a physician in active practice, MUST accompany each application. Pamphlet, with full particulars, price-list, etc., on request.

## A PHOSPHORIZED CEREBRO-SPINANT.

(FRELIGH'S TONIC.)

Our Special Offer is still open, to send to any physician, on receipt of 25 cents, and his card or letter-head, half a dozen samples, delivered, charges prepaid. Each sample is sufficient to test it for a week in one case.

As we furnish no samples through the trade, wholesale or retail, for samples, directions price lists, etc., address,

**I. O. WOODRUFF & CO.,**  
**MANUFACTURERS OF PHYSICIANS' SPECIALTIES,**  
 88 Maiden Lane, New York City.

# GASTRIC DERANGEMENTS.

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## **Horsford's Acid Phosphate.**

Unlike all other forms of phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypophosphites, etc., the phosphates in this product are in solution, and readily assimilative by the system, and it not only causes no trouble with the digestive organs, but promotes in a marked degree their healthful action.

In certain forms of dyspepsia it acts as a specific.

DR. H. R. MERVILLE, Milwaukee, Wis., says: "I regard it as valuable in the treatment of gastric derangements affecting digestion."

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Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

**Rumford Chemical Works, Providence, R. I.**

**Beware of Substitutes and Imitations.**

**CAUTION: Be sure the word "HORSFORD" is PRINTED on the label. All others are Spurious. NEVER SOLD IN BULK.**

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## **W. W. TAYLOR,**

**Manufacturer of and Dealer in**

## **SURGICAL INSTRUMENTS,**

**AND**

## **APPARATUSES FOR DEFORMITIES.**

**Keeps on Hand**

**Surgical Instruments, Trusses, Shoulder Braces, Elastic  
Stockings, Abdominal Supporters, Crutches,  
Rubber Goods, and all Surgical Appliances.**

**—Surgical Instruments. Scissors and Razors Ground.—**

All kinds of Repairing and Polishing promptly attended to.

Orders by mail given prompt attention.

**181 N. College Street,**

**-**

**NASHVILLE, TENN.**

The editorial tripod of the *Lancet-Clinic* is left in the hands of Drs. A. B. Richardson, J. C. Oliver and L. S. Colter—a leg for each. Well, if they succeed in holding it down as well in the future as their predecessor has in the past, its shadow will never grow less

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PERSPIRATION OF THE FEET:—

R. Glycerine.....1 oz.  
 Kennedy's Ext. Pinus Can.....2 oz.  
 Aquæ.....2 oz.  
 Essence of Bergamot.....2 drachms.

Mix and apply twice each day. The results are surprisingly rapid and happy.

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WE are in receipt of an invitation to the Twenty-Sixth Annual Excursion and Re-union of the Louisville Bryant & Stratton College.

Three of the largest steamers to be had are chartered for the occasion and will make two trips each to accommodate the patrons of the College. The proprietors of the College are always on the alert to advance the best interest of their patrons both in pleasure and profit.

Their Graduates occupy good positions in all parts of the country.

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CHRONIC NERVOUS HEADACHE:—

R. Celerina.....6 oz.  
 Tinct. Hyosciamus.....1 oz.  
 Tinct. Gelsemium.....1 oz.  
 M. et Sig. One teaspoonful taken before going to bed.

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MESSRS. RENZ & HENRY: Gentlemen—The “Three Chlorides Elixir” has recently stood me well in two cases of Phthisis Pulmonalis, and one of cough following “Grippe.”

Very truly yours,

H. Z. LANDIS, M.D.

Memphis, Tenn., May, 1891.

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ANTI-KAMNIA CHEMICAL CO., St. Louis, Mo.: Gentlemen—I have used Antikamnia, and I am perfectly delighted with the results. I have given it in “La Grippe,” Intermittent Neuralgia, and other neuralgic affections, with the happiest results. I have requested my druggist to order a supply.

Yours truly,

J. W. HICKS, M.D.

Orlando, Fla., January 5, 1891.

ANOMALOUS TEMPERATURE.—In the *Memphis Medical Monthly*, for June, we have the report of a case of remarkably high temperature made to the Memphis Medical Society by Drs. Heber Jones and Sale. The well-known and established reputation of the observers are valid evidence of the authenticity and correctness of the records. A bright girl, 14 years old, convalescing from an attack of tonsilitis, absolutely knocked both top and bottom out of reliable and standard thermometers, both metallic and alcoholic. The temperature ranging from 97° to as high as 112, 114, 115, 145 and 150. A thermometer ordered from Truax & Co., graded to 150° with a capacity of 6° or 9° more, bursting in the axilla. The case is a very interesting one, and can only be explained as a “paradoxical temperature,” if that can be called explanatory.

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TERITIFILITIC ABSCESS was the etiological factor in a recent death at our city hospital, according to the erudite paragrapher of the *Daily American*, of June 20th.

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I USE KATHARMON as a general antiseptic, and I am highly pleased with results. I especially recommend it in catarrhal troubles, as I have seen splendid results from its use. It is with pleasure that I endorse Katharmon to the medical profession. R. P. OPPENHIEMER, M.D.,  
House Surgeon New York Post-Graduate Hospital.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas., and New York, sole agents.

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ROBINSON'S LIME JUICE AND PEPSIN is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods.

In fact, everything sent out by the Robinson-Pettet Co., can be relied on in every particular.

## *Reviews and Book Notices*

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[The books and publications reviewed in this journal may be procured from the publishers, or through the editor of this journal, Messrs. Hunter & Welburn, and the Wheeler Publishing Co., of this city.]

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**PRACTICAL TREATISE ON DISEASES OF THE SKIN.** By HENRY G. PIFFARD, A.M., M.D., Clinical Professor of Dermatology, University of City of New York; Surgeon-in-Charge of New York Dispensary for Diseases of the Skin, etc. Assisted by ROBERT M. FULLER, M.D. With 50 full-page original plates, and 33 illustrations in the Text. New York, D. Appleton & Co. 1891. Atlas, 4to. Pp. 157. Library binding. Price, \$15. (Sold by subscription, only by publishers.)

One of the handsomest publications of the year is this magnificent Atlas and Treatise on Diseases of the Skin. Its accurately designed and beautifully tinted plates from actual photographs are true to life, and its practical descriptions, correct diagnostic views and sound therapeutic suggestions give it a value but little less than actual clinical teaching and demonstration. Even those who have had unusual advantages, clinically, will find it a most valuable adjuvant in their future professional work.

Words cannot depict the tint of the lily, or the fragrance of the rose, nor can the most elaborate word painting give as satisfactory an idea of the many and multiform phases of any cutaneous affection in hours or pages innumerable, as will be obtained by a single glance at one of these beautiful plates. Strictly avoiding controversial and theoretical discussion, practical facts and suggestions alone are given in a plain, instructive and pleasing manner. In diagnostic points, on which particular stress is laid, Dr. Piffard is peculiarly fortunate, and we are more than pleased with the views enunciated, and can cordially commend them. His suggestions of treatment are eminently satisfactory, and are based upon sound pathological reasoning and correct clinical ob-

servation. We cannot too strongly press upon the attention of our readers the great value of this truly handsome and excellent atlas of photographic illustrations of diseases of the skin.

**MANUAL OF THE DOMESTIC HYGIENE OF THE CHILD.** For the use of Students, Physicians, Sanitary Officials, Teachers and Mothers. By JULIUS UFFELMAN, M.D., Professor of Internal Medicine at the University of Rostock. Translated, with the author's permission, by HARRIOT RANSOM MILLINOWSKI, and edited by MARY PUTNAM JACOBI, M.D. 8vo. Cloth. Pp. 229. G. P. Putnam's Sons, Publishers, 27 W. Twenty-third St., New York. 1891.

In addition to the author's and editor's preface and an introduction by Dr. Roswell Park, we have here chapters on Examination and Nourishment of the Child, Methods of Nourishing an Infant, Care of the Skin, Hygiene of the Dwelling, Care of the Respiratory Organs, the Osseous and Muscular Systems, the Nervous Systems, and Intellectual Health, together with an appendix on the Sleep of the Child, Relation of Weights and Measures to the Decimal System, a list of authors and a full and copious index.

The following extract from the introductory chapter by Dr. Park we can fully endorse:

"A practitioner and teacher of international repute, Professor Uffelman, has presented to the laity and to the medical profession a volume more complete than any one of its kind previously published. A work of this character, grounded on physiology and statistics from all countries, belongs to the indispensable literature of the subject. . . . It treats of topics which are of vast importance and but meagrely understood, and concerning which the advice given by those least competent to counsel is most often followed."

Yes, it is too true, indeed, that the offspring of civilized and enlightened man is too often relegated to traditions of the past, many of them founded on superstition and ignorance. This is not only a most excellent work for the practitioner and student of medicine, but one which any fond father could well present to

the wife of his bosom when she first assumes the rightful duties of maternity. Every mother in the land could well afford the time for studying its valuable pages.

PHYSICAL DIAGNOSIS OF THE HEART AND LUNGS AND THORACIC ANEURISM. By D. M. CAMMANN, B. A. OXON, M.D., Attending Physician in Class of Heart and Lungs, Demilt Dispensary; Visiting Physician to the Orphans' Home and Asylum, etc. 12mo. Cloth. Pp. 188. G. P. Putnam's Sons, Publishers, 27 W. Twenty-third St., New York. 1891.

The name of Cammann is so thoroughly connected with auscultation that one naturally expects to find a work bearing the above name to be authoritative, and the expectation is most satisfactorily realized in the little work so handsomely issued by "The Knickerbocker Press."

While limited to a diagnosis of morbid conditions pertaining to the thoracic cavity, it is as well nigh perfect as could be made, and we are confident that it will be highly appreciated by all who desire to become proficient in this special line.

NINTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW HAMPSHIRE, FOR THE YEAR ENDING OCTOBER 31, 1890. IRVING A. WATSON, M.D., Sec'y. 8vo. Cloth. Pp. 344. John B. Clark, Public Pripter, Manchester, N. H. 1890.

The good people of New Hampshire are to be congratulated on the excellent work of their most able State Board of Health, as shown in this report, notwithstanding its secretary states that it "represents only in a small measure the work of the Board, or the sanitary progress made during the year." The subject of Phthisis, of so much importance to the sanitarian, is very fully considered; the special sanitary reports from local Boards of Health comprise 160 of its excellently printed pages. It also includes a report by its delegate, Dr. G. P. Conn, of the 17th annual meeting of the American Public Health Association. The articles on Sewer-gas Poisoning by Dr. John J. Berry, Dangers from Adulterated Foods and Poisons, by Prof. E. R. Angell, and the Prevention and Cure of Disease, by G. P. Conn, President

of the Board, are valuable additions to the science and art of preventive medicine.

The Board is composed of Hon. David H. Goodell, Governor of the State, Attorney General Daniel Barnard, Hon. James A. Weston, G. P. Conn, M.D., President, John J. Berry, M.D., and Irving A. Watson, of Concord, Secretary.

A TEXT-BOOK OF BACTERIOLOGY. BY CARL FRAENKEL, M. D., Professor of Hygiene, University of Königsberg. Third Edition, translated and edited by J. H. LINSLEY, M. D., Professor of Pathology and Bacteriology, Medical Department of the University of Vermont; Demonstrator of Pathology and Bacteriology, New York Post-Graduate Medical School and Hospital, etc., etc. Octavo, 380 pages. Extra muslin, \$3.75. New York: William Wood & Co., 1891.

As showing in brief the scope and field of this excellent addition to recent important medical literature, the translator's preface is hereby quoted in full:

"At the present time there is no work that deserves the name of a text-book on bacteriology published in the English language on this side of the Atlantic.

The want of such a book has long been felt.

While a student in Professor Kock's laboratory at the Hygienic Institute in Berlin the past summer, the third edition of "Fraenkel's Grundriss der Bakterienkunde" was recommended to me as a text-book.

It is now published in six different languages.

In addition to this testimony to the merit of the work, I heard many favorable comments on it by teachers in several different laboratories on the Continent which I visited during the summer of 1890.

A few changes have been made in the book and the presentation of the matter changed from the lecture style.

I append some extracts taken from the preface to the first German edition.

The book does not claim complete or exhaustive discussion of the subject and presents no statements from literature. . . Only



such facts and observations have been given as were examined by myself. . . . I have at all times been assisted by Dr. Koch's weighty advice, and am thus fortunate enough to know that my views are in complete harmony with those of the master of recent bacteriology. Being convinced that this circumstance will enhance the value of the work, I avail myself of this opportunity to express my heartfelt gratitude to my revered instructor and chief."

**MEDICAL SYMBOLISM IN CONNECTION WITH HISTORICAL STUDIES IN THE ARTS OF HEALING AND HYGIENE.** By THOS. S. SOZINSKEY, M. D., Ph.D., Author of "The Culture of Beauty," "The Care and Culture of Children," etc., etc. 8 4to. Cloth, pp. 171. Illustrated. Price, \$1 00. F. A. Davis, Publisher, 1231 Filbert street, Philadelphia. 1891.

This excellent and interesting little essay, as its title indicates, treats of Medical Symbolism, and contains a fund of information well deserving to be widely known. Its perusal will, at least, serve to excite an interest in the ample literature and long and remarkable history of the benevolent and learned profession of medicine. It is highly spoken of by Weir Mitchell and other learned medical men.

**PRACTICAL TREATISE ON ELECTRICITY IN GYNÆCOLOGY.** By EGBERT H. GRANDIN, M. D., Chairman Section on Obstetrics and Gynæcology, New York Academy of Medicine; Obstetric Surgeon, New York Maternity Hospital; Obstetrician, New York Infant Asylum, etc., and JOSEPH H. GUNNING, M. D., Instructor in Electro-Therapeutics, New York Post-Graduate Medical School and Hospital; Gynæcologist to River View Rest for Women; Electro Gynæcologist, North Eastern Dispensary, etc. Illustrated. Octavo, 180 pages. Muslin, \$2.00. New York: William Wood & Co., 1861.

Electricity has quite recently assumed prominent proportions in the treatment of diseases to which the female sex is liable. The aim of the authors of this excellent monograph has been to present, as far as possible, an unbiassed estimate of the value of electricity as a therapeutic measure. The agent is considered,

not from the standpoint of a specific, but as a valuable aid to other means of relief. Whatever positive assertions may be found in the work are the result of ample and prolonged study and experience. The six chapters embrace general considerations and description of apparatus; Routine uses of Electricity; Electrolysis; Static, Franklinic, or Frictional Electricity; Treatment of malignant growths by the Galvano-Cautery, and Electricity in obstetrics.

PROF. KOCH'S METHOD TO CURE TUBERCULOSIS, popularly treated by DR. MAX BRINBAUM, translated from the German by DR. F. BRENDCKE. 12 mo. paper, pp. 27. H. E. Haferkorn, Publisher. Milwaukee, Wis. 1891.

The professional and non-professional reader will find here a faithful delineation of the measures for relief of tuberculosis that have been recently making such a stir in the world. While satisfactory results are still to be considered *sub. judice*, it is quite proper that a correct understanding, as here given, should be had.

FEVER: ITS PATHOLOGY AND TREATMENT BY ANTIPYRETICS, (Boylston Prize Essay of Harvard University, July, 1890), by HOBART AMORY HARE, M.D., B. Sc., Clin., Prof. of Diseases of Children and Demonstrator of Therapeutics in the Univ. of Pa.; Physician to St. Agnes Hospital and to the Children's Dispensary of the Children's Hospital, etc., etc. 8 vo. cloth., pp. 196. Price, \$1.25. F. A. Davis, 1231 Filbert street, Philadelphia, Publisher. 1891.

While not so earnest an advocate of the use of antipyretics as to believe them to be specifics, there is no question but that they constitute an addition to our remedial measures of great value, and anyone interested in the subject of fevers and their treatment will appreciate this excellent work of Dr. Hare's.

It would be difficult to find any theme about which so much has been written in the past ten years as the subject with which this essay deals, and a concise summary of the conclusions of many of the best observers cannot fail to be of value to the busy practitioner, particularly when combined with sufficient experimental and clinical experience to make the work something more

han a mere compilation of other people's ideas. Not the least important portion of the book is the record of untoward effects produced by the various drugs considered, and it is interesting to note how severe the symptoms often seemed to be, and yet how few of the patients so affected died.

PHYSICIANS' LEISURE LIBRARY SERIES. PRACTICAL NOTES ON URINARY ANALYSIS. By WM. B. CANFIELD, A.M., M.D., Chief of Chest Clinic and Lecturer on Clinical Medicine, University of Maryland, etc., etc. 12mo. paper, pp. 95. Illustrated. Price, 25 cents. George S. Davis, Publisher, Detroit, Mich. 1891.

For practical results, this is a most satisfactory little brochure, and will make a most excellent companion to your urinary test case. It includes not only the old methods and measures that have proven trustworthy, but many new ones.

PHYSICIANS' LEISURE LIBRARY SERIES: ELECTRICITY IN ITS APPLICATION TO MEDICINE. By WELLINGTON ADAMS, M.D. 12mo. paper, 2 Vols, pp. 113—129. Price, 25 cents each. George S. Davis, Publisher, Detroit, Mich. 1891.

These two little volumes comprise a very satisfactory and reliable statement of the uses of electricity in the treatment of disease. The author has devoted a large amount of his time to the study of this important agent, and no little of it in the field of experimental electro-therapeutics. The investment of the small sum of 50 cents will put in the hands of any of our readers this excellent treatise.

PHYSICIANS' LEISURE LIBRARY SERIES: TAKING COLD. By F. H. BOSWORTH, M.D., Professor of Diseases of the Throat in Bellevue Hospital Medical College. 12mo. paper, pp. 70. Price, 25 cents. George S. Davis, Publisher, Detroit, Mich. 1891.

"Taking Cold" has not had that consideration its importance demands in the ordinary works on clinical medicine, and we have here the subject very faithfully and concisely treated by one who is quite competent. It is essentially practical and embodies the author's views and experience.

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# THE SOUTHERN PRACTITIONER.

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DEERING J. ROBERTS, M. D., - - Editor and Proprietor

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## *Original Communications.*

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### THE QUACK.\*

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BY J. S. CAIN, M.D., NASHVILLE, TENN.,

*Professor of Principles and Practice of Medicine, in the Medical  
Department, University of Tennessee.*

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*Mr. President and Gentlemen:*—I fear that you are not aware of the magnitude of the undertaking with which you have complimented me in calling me to speak on short notice to the subject of the *quack doctor*.

He, sir, is one of the biggest and most comprehensive institutions of the age or country. He pervades all space and his schemes and plans, permeate all the avenues of society, politics, religion and business.

He smears his advertisements, certificates and dog-faced pictures over the pages of every newspaper which you can pick up, whether secular or religious.

---

\*Response to the subject of "The Quack," at the inaugural meeting of the Nashville Academy of Medicine.

He contaminates the air of Heaven, by his false boasts, and claims its elements for his humbug oxygen specifics.

He pollutes the earth by imbedding in it his electropoises, and dishonoring its clay, in making jugs to contain his microbe killers.

He besmirches our walls and fences by painting upon them boastful advertisements of his worthless trash.

He has suborned to his schemes the pulpit, the bench and the bar, by using the gentry who fills these positions as manufacturers of certificates, to enable him to foist his worthless and oftentimes harmful stuff upon the notice of the world.

His half-brother, the patent protected manufacturer of proprietary trade-mark compounds has "carried the war into Africa," and is now fighting us on our own ground.

He has subordinated nearly all of our medical journals, till his advertisements constitute the bulk and best paying portion of nearly all medical periodicals. You wade through the voluminous cards and certificates both on the front and backside, looking for the little kernel of medical matter in the center, and when found, that is usually interleaved by several folios of the same advertising stuff. The search for medical matter is very much like looking for the stale jokes in the quack almanac—you are betrayed into reading a half dozen lying advertisements before finding one joke.

Besides, these proprietary gentry are unquestionably, the owners in fee simple of not a few of the journals, which purport to furnish us with upper-case medical literature, while in reality, they are advertising trade-marks and patent protected nostrums.

I presume, however, you did not desire me to tackle the whole layout of quackery, but only so much as in one way or another becomes mixed up with regular medicine.

The term in its usual acceptation is applied to all persons and things, who claiming to be physicians, adopt methods and schemes to obtain patronage, and to project themselves upon the public notice, which are not practiced or recognized as honorable or allowable by the regular members of the medical profession.

The quack, therefore, constitute a genus of which there are several species or varieties, and although they all possess charac-

teristics and ear-marks in common by which they may be recognized, yet each requires something of a special notice. The term quack in its most comprehensive sense, is derived from the practices and habits of the simple poultry yard fowl which we call a duck or drake, according to its gender or egg-laying habits.

This fowl is proverbial for attracting attention to its diminutive personality, by its peculiar and discordant song or cackle.

So great is this the case, that all the inhabitants of the domain from the little chick to the lordly gobbler or the vain glorious peacock, turn and give attention when the quacker stretches his neck, flops his wings and quacks.

The voice, if not in harmony, is in timbre, and in a persistence worthy of a better cause. So greatly disproportionate to the contemptible creature which utters the sounds, that he and his utterances have been adopted and gone into the vocabulary as a term eminently applicable to a class of human creatures, who by flopping their wings and cackling seek to bring themselves into public notice.

This quacking process when engaged in by the human quackers is accomplished by various methods, with more or less tact or ingenuity, and I might add success, according to the tact and genius of the quacker. Therefore, we must recognize grades in qualification even in this nefarious calling, as there is said to be honor among thieves.

The ignorant pretender is constitutionally and necessarily a quack, because he can be nothing else, and aspires to nothing better. If he obtains public attention and patronage at all, it must be by forcing himself upon the public by methods other than those which are the outgrowth of merit and modesty. Of these methods, lying by word or implication constitutes the largest item of his stock in trade. First, his whole life is a lie, by pretending to do what he is wholly incompetent to assume, by taking the life of human beings into his incompetent hands, he is practicing a falsehood darker and more damnable in crime than the red handed murderer. He perpetrates the murder without incurring the risk of punishment.

His misrepresentations whether in the way of boasting of his

practice or his achievements, and his advertisements of himself in various ways, all partake of the same mendacious character. He is a barnacle upon the hull of the ship of science; a foul-corroding ulcer upon the body politic of honorable medicine; objectionable mostly as a nuisance and not in competition with honorable men, who even temper their contempt for him with a modicum of pity.

But there is another variety of this branch of the genus quack, which deserves even less sympathy than the last. The quack who has merit enough, if properly applied in honorable channels to achieve a reasonable success, but who from hurry, greed, or probably more frequently from inherent cussedness, adopts all the methods of the ignorant pretender, and from his better facilities, is often enabled to do the dirty work more successfully.

He usually aspires to maintain a position with the honorable members of the profession, and occasionally mingles in our assemblies, and is sometimes noted for much, if not wise talking, always tending one way however, to glorify and magnify the quack who is doing the cackling.

This member of the genus cackles loudly upon the by-ways and highways, to the non-professional, upon medical subjects. He is at home with the gossiping old ladies, around the lying in bed, and there builds for himself an enduring fame.

He cackles in the secular press and gives the public the benefit of his wisdom on medical topics; but is conspicuous for his absence in the fields where honorable medical men record their ideas.

Another species of the quack is the charlatan, often spoken of as synonymous with the latter, but in reality, he is the kid-glove member of the genus, and "for ways that are dark and for tricks that are vain" is surprising.

He never loses an opportunity to cackle where there is hope to attract notice, but his methods are usually above these. He works like the astute politician (whom he most resembles, and with whom he often mingles as ward politician or low-grade legislator), through instrumentalities and third parties. He is not always content with professional recognition, but sometimes seeks to be a leader in the profession. He most especially reminds one of



the fable of the "ass in the lion's skin," and, but for his bray and the length of his ears, would sometimes deceive his associates.

He goes all the gaits, and takes all the chances to obtain practice, which seems to be his chief aim in life.

He is most frequently a professedly devout churchman, and manages to worm himself whenever possible, into everything which is fraternizing and oath-bound.

His *suaviter in modo* is proverbially charming.

His greeting of *my brother* sounds like the communion of saints.

His genial grip and hand shake is the most fraternal.

His hymn raising at church the most euphonious; and his public prayers for length and loudness, are most audience captivating,

He works the racket in religion, politics, fraternities and associations of whatsoever kind he may be a member, never losing an opportunity to turn an event to a financial account.

He out-herods Herod, in his pretended devotion to whatsoever association he may be with at the time, and never fails to cackle of his numerous cases and marvelous cures.

If he should happen to get a case in some prominent family, he manages to let the public know of the facts in a score of ways.

His calls to accidents and emergent cases never fail to find their way into the public prints.

His professional sign is large and conspicuous, usually designating two or three specialties in which he would have the public believe him above the average.

His buggy or carriage if he is a two-horse charlatan, stands before his office door from morning till bed time as an advertisement.

He contrives to have a few old women, who are ever ready to sing his praise, and tell of his wonderful cures of *just such cases* in the presence of other physician's patients.

If called to a new family in emergency or otherwise, he announces a grave diagnosis, with a favorable prognosis and especially a palatable line of treatment, to be taken with punctillous system and regularity. If the case recovers speedily, as most cases do, he scores a wonderful success with that family, and may

thereby supplant the family physician. If it turns out to be really a grave case, which he in his ignorance did not anticipate, he still gets credit for a wise diagnosis, although his treatment was a little too mild ; and so I might go on detailing his ingenious and crooked ways, without limit—but enough to locate him.

He is always suspected with abundant good evidence of bargaining and begging professional business, in person or through his family and friends, from those with whom he is thrown, upon the ground of a community of sentiment or interest.

He is not always from the lower stratum of society, but frequently has influential friends and relatives, and has the personal elements to be admired in the citizen. He frequently accumulates wealth and as there is nothing so successful as success, he is not always a good citizen to tackle, and often controls professional matters in his immediate bailiwick with a high hand.

He is, never the less, from the standpoint of dignified and honorable medicine a *nasty quack*.

Right along here the professional line becomes so kinky and tangled, that it is hard sometimes to tell just which side some men are on, and I hesitate to draw the line very taut, lest it might fall too close to the doors of some of my good friends.

This species of the quack, especially gets mixed up so thoroughly with the *thoughtless good men* of the profession, that a microscopic examination of the wool is necessary to determine which is the sheep and which the goat ; for instance, a thoughtless and undesigning good man gets himself advertised in the papers over some surgical or interesting case which has fallen under his care, or the enterprising newspaper man in some way gets hold of his opinions, and uses his name and fame to build a long article concerning Koch's discovery, Brown-Sequard's elixir, or some other subject of public interest. This is all done without the knowledge or consent of the good man. The charlatan manages to get himself in the same public attitude alone for the advertisement which it brings him. So unless you know the the two men very intimately and have something to guide you more than appears in the papers, it is difficult to tell t'other from which.

Again, the *thoughtless good man* lets the enterprising, ready-

made, trade-mark, patent protected medicine man entrap him into signing certificates as to the wonderful properties of his ready-made goods, which he designs to send broadcast over the country in circulars, for the purpose of influencing trade and incidentally advertising the doctor. The good man never thinks of the publicity and advertising aspect of the proceeding. The charlatan falls into the same scheme because he doesn't think of anything else.

I have recently noticed a long certificate from one of our most contemptible quacks in one of these patent circulars, sandwiched in between similar certificates of several of the good and honorable gentlemen of our city. I mention this not to upbraid, but to open the eyes of gentlemen to the wily schemes of these proprietary men as well as charlatans.

Verily, we *good* men of the profession, need protection to guard our innocent lambs against the scheming tricks of the wolfish charlatan and the designing proprietary-medicine fiend, and by co-operative effort in our enfeebled condition, can we alone hope to attain it.

This is one of the grandest aims of our society, not to exercise a censorship or a dictatorship over the members of the profession, not to induce them to do the things which are unquestionably right, or to prevent them from falling into the habits of the charlatan by threats or discipline, but to build up by a common consent an *esprit du corps*, which will educate all to love the right thing from principle, and to practice it from choice.

The lexicon gives us another species of the quack, and desiring not to slight any of the family, I will briefly advert to him.

The empiric is said to be one who is not governed in his practice by scientific ratiocination, but who relies upon experiments and individual observation. Now when this method is pursued recklessly and ignorantly, like shooting with a shot-gun in the dark with criminal disregard of life, I can easily classify him with the other varieties.

But when I recollect that much of our most valuable medical knowledge has been the outgrowth of accidental observation, followed up by experiment with no other cue than that furnished

by the accident, I am strongly inclined to claim the empiric or at least the better part of him, as an ally of the regular profession.

The observation of the accidental falling of an apple, furnished the cue out of which culminated the great laws of gravitation.

The observance of the exemption around the swamps of Peru, from certain diseases by the Jesuits, and the following up of the suggestion by empirical experiments, gave to the world the now indispensable salts of Peruvian bark.

The accidental observation by Dr. Jenner, of the exemption of certain parties who manipulated the udders of cattle from smallpox, furnished him the cue from which by long experiment he worked out the great preventive vaccination.

By accident and experiment were the properties of anæsthetics discovered.

Observation of the effects of articles taken by accident have added many valuable chapters to our therapy.

So altogether I do not feel like wholly excommunicating the empiric who observes and experiments for the purpose of obtaining knowledge, and without malice or quackical proclivities.

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## CONJUNCTIVITIS GRANULOSA.

---

BY PETER D. KEYSER, M.D., OF PHILADELPHIA, PA.

---

Conjunctivitis granulosa is known to present itself in different forms and stages, and is one of the most difficult diseases of the eye to cure, especially when chronic; and as there has been so many treatises upon it giving its various forms, pathology, course and treatment, it is not my purpose to touch upon anything but one peculiar form, which is but rarely found as a remnant or after-stage, when the general characteristics and inflammation have passed away. It is so infrequent, that in the course of twenty-five years experience, I have observed but three cases besides the one specially detailed below, and which gave me much consideration on account of my inability to cure under the generally known methods of treatment at the time.

The form observed is characterized by a few isolated or grouped raised points on the tarsal conjunctiva of the upper lid, having a reddish-yellow appearance of a hard cartilaginous feeling to the finger, and are so minutely attached that they cannot be raised by the finger-nail. The conjunctiva generally appears in pretty good condition, having only a very slight hyperæmia. There is generally a small quantity of viscid mucous discharge from the eye, with an irritable feeling only.

On June 1, 1889, Capt. B., U. S. A., brought his son Leroy, æt. 13, to me for examination of his eyes, with the history that while at Fort Bennett, Dakota, in 1881, he was snow-blind and conjunctivitis set in. He was treated at the Post from March to July of that year, when he went to Marshall, Mich., under treatment from July to October, then at Fort Monroe from October, 1881 to May, 1884, during which time he ran the routine of treatment for conjunctiva granulosa; blue-stone, alum, lunar caustic (mitigated), tannin and glycerine, and even the granulations cut off with the knife and scissors. From May to September, 1884, treated at Ann Arbor, Mich., from September, 1884, to May, 1886, at Fort Lincoln, Dakota, when Jequirity was tried, and still not cured. From May, 1886 to March, 1887, at Fort Sully, Dakota, when powdered borax was rubbed into the conjunctiva without benefit. March, 1887, went again to Marshall, Mich., under treatment until August, 1887, then to Madison Barracks, N. Y., until the spring of 1889, when he went to Newark, Del. From the latter place he called to see me on his way again to Marshall, Mich., for the summer.

The condition of his eyes on June 1, 1889, was as follows:

Rt. Eye strabismus convergens; hard, cartilaginous form of granulations, isolated and in small groups on the tarsal part of the conjunctiva of the upper lid. They were firm and solid, and felt to the finger and nail like gristle. Cornea slightly hazy. No granulation on the conjunctiva of the fold, nor on the lower lid, which really appeared very little affected. There was a viscid mucus discharge from the eye. Left eye: In somewhat the same condition as to the cartilaginous granulations on the tarsal conjunctiva, but not so many or so large.

As he was leaving immediately for the West, I prescribed an ointment of hydrarg. oxidum flavum to be rubbed in the eye daily while away. I did this hoping that it might irritate somewhat and by setting up a certain amount of inflammation soften the granulations, and then by after-treatment be able to absorb or remove them.

He returned to my office September 6th, and I found no change in the condition of the eyes in the least. The ointment had not created any inflammation. Being aware that he had really undergone all the various methods of treatment in use and suggested in the literature, it became a matter of thought with me what to do, especially as it appeared not wise to re-inflame the now quiet conjunctiva. Knowing the action of fine pumice stone upon hardened, thickened tissue, I determined to try it in this case, and see if by the friction on the top of each isolated and grouped granulation, they could not be rasped down.

I procured a piece of fine pumice and cut it into a broad pencil with one flat surface, and commenced the same day, September 5th, with the rubbing. The operation was very painful, but the lad stood it bravely. After the operation, cold water applications were made to the closed eye-lids. Little or no inflammation was created. The next day a two per cent. solution of cocaine was instilled into the eye-lids before the operation of rubbing. It was much easier on account of less pain. The operation was again repeated on the 7th, and on the 10th, 14th, 17th, 21st and 28th of September, and on October 5th, 12th and 19th, by which time the cartilaginous formations were all rasped down, and the whole conjunctiva perfectly smooth and even. There was but slight congestion in the eyes, and now only acid borici gr. x to water f3j, was instilled into the eye-lids three times daily. Everything was so well that on October 26th, I operated for strabismus, having previously corrected his defect in refraction, which was :

Right Eye + 1. D.  $\subset$  + 1. D. Cyl. 90°

Left Eye + 0.5 D.  $\subset$  + 0.5 D. Cyl. 90°

His eyes have remained very good up to this time, July 1, 1891, and he is now a student in college.

In connection with this I desire to state, that about one year ago, Professor Manolescu of Bucharest, wrote to me requesting that I would try his method of brushing out the follicles from the conjunctiva in severe forms of follicular conjunctivitis granulosa. It is done by a very stiff tooth brush, made firm and stiff enough by cutting the bristles off to the length of a quarter of an inch. I have had the most happy success with this method in the treatment of some very troublesome and chronic cases of this disease, when no other treatment gave relief, and can recommend the same very highly.

The operation is very painful, and should be done under an anæsthetic, as cocaine does not give necessary relief.

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### BULL NETTLE—A NEW ALTERATIVE.

---

BY W. W. PUGH, M.D., OF NEW BIRMINGHAM, TEXAS.

---

I have been experimenting for some time, more than two years, with the root of a plant that grows in this part of Texas, known by botanists as *jatrophia stimulosus*, and commonly called "bull nettle." I have found it to be specially adapted to the treatment of syphilis.

It is a stimulant of unusual power, and a most excellent alterative. I have treated quite a number of syphilitic patients, suffering from the worst forms of the disease, and have relieved them in three or four weeks, the symptoms not having reappeared in those treated over two years ago.

I make a tincture of the root, and give it in twenty to thirty drops, three times a day. I would like for those having the opportunity, to try it in the syphilitic wards of some of our hospitals, and report the results.

---

SANDERS & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sanders, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

## *Selections.*

---

ARISTOL—SOME OF ITS USES IN SURGERY. \*My attention was first called to the value of aristol in the treatment of surgical cases, by Dr. Eichhoff, of Elberfeld, Germany, and Löwenstein, of Vienna, whose reports were published in the early part of 1890. I have always been a firm advocate of the value of iodoform in surgery. But I had become well convinced of the fact that it was, in many cases, a source of great annoyance from its repulsive odor to a great majority of cases, and having seen many where its poisonous effects were apparent, I at once became impressed with the value which must pertain to a remedy which was free from toxic effects, was inodorous and as valuable an antiseptic as iodoform.

Dr. Hobart Amory Hare, says: Experimental and practical clinical experience have shown that it can be used in all instances where iodoform can be applied externally, and it is said to possess the advantage of being almost entirely harmless to man, although it is a powerful parasiticide.

Dr. C. W. Allen, New York, in a paper read before the American Dermatological Association gave the results of his experience with aristol and summed up with the statement that it seemed to possess valuable cicatrizing, granulating and stimulating qualities, was void of the objectionable odor of iodoform.

Dr. Alois Pollak has employed aristol as an antiseptic in twenty-two cases of unhealthy wounds, abscesses, minor surgical operations (such as removal of small tumors or enlarged glands), phlegmonous inflammations and varicose ulcers, and is enthusiastic in its praise. He used the drug in form of a powder, or mixed with ether or vaseline. In all of the cases in which it was employed there was no reaction; and fever, if present, disappeared in twenty-four hours. No pain was experienced in or

---

\*A paper read at the Surgical Section of the American Medical Association, at Washington, D. C., 1891, and discussions on the same.



around the wound, and healthy granulations were rapidly formed. The author regards aristol as an excellent substitute for iodoform; its advantages being that it has no disagreeable odor, is effective in much smaller quantities, and a thin layer of the powder is sufficient to cover the wound.

Dr. Boufill calls attention to the great value of the drug in burns; a ten per cent. salve of aristol proving eminently efficacious.

Dr. F. Goldmann mentions the use of aristol in speaking of the frequency of burns received during laboratory work; these are sometimes of a peculiarly severe type, but a five or ten per cent. salve with lanoline effected a painless and comparatively quick cure, almost invariably.

Dr. Robert T. Morris, of New York city, after testing aristol in the Hospital of the New York Post-Graduate School, says, it seems after a careful series of experiments that it is superior to iodoform in all classes of surgical cases in which the former was applied, and Dr. Manley, of the same city, in an article published in the *New England Medical Monthly*, takes about the same ground.

One of the very first cases in which I used it was of such a character and the results were so satisfactory, that it almost immediately displaced iodoform in my practice, and from that day to this I have used aristol entirely when it was at hand and available.

The case referred to was that of a little boy, Tommy H., aged nine years, who had met with a frightful laceration of the left leg. He was with a mate playing on a flat car in the yard of the Housatonic Railroad Company, in the city of Danbury. The car was isolated on a side track and the boys were running and jumping on and off, dancing on the platform and the like. After a while they tired of their exercise and seated themselves on the end of the car with their feet hanging over it. Without warning and without being seen by the employees, a car loaded with lumber was backed up to the side track. This car was loaded with loose lumber and over the front the irregular ends protruded. Before the boys realized their danger the car was upon them and some of the protruding boards caught Tommy's leg. It was

almost immediately released and the injured boy taken to his home, while I was sent for. On my arrival I found, on superficial examination, that his injury was a very severe one, and that it was advisable to have him taken to the hospital, especially as his home was a poor one, which was done. On arrival at the hospital he was given ether and a careful examination was made with the following result: It was found that almost all of the soft parts of the leg were fearfully lacerated, and that the tibia had sustained a transverse fracture. It did not seem that it would be possible that his leg could be saved, but remembering that children have wonderful recuperative as well as reparative power, I determined to make the effort. All of the macerated tissue was carefully dissected, trimmed away and the wound carefully cleansed. Then the torn ends of the muscles were coapted as well as possible, the tendons united and the integument replaced as much as was possible. Of course, all of this took a long time and was done with full antiseptic precautions, and the suturing was made with catgut. The integument was so badly torn and lacerated in some places that it had to be trimmed and there were some bare spaces. The whole was covered with a heavy coating of aristol, enveloped in antiseptic cotton and put up in a plaster of paris bandage, setting the fractured bone at this time. This dressing was not removed for one week. There was no elevation of temperature and the boy required very little anodyne to keep him quiet.

On the removal of the dressing at this time it was found that a most wonderful metamorphosis had taken place. Union had been established over a considerable extent of the integument and all of the tissues beneath seemed to have united firmly. There was simply no odor to the wound and quite firm bony union had taken place. Over the spaces which were denuded of the integument healthy granulations were springing up all over and the prospect was very bright for saving the limb. It was washed off carefully with bi-chloride solution, one to two thousand, Aristol freely dusted on and plaster of paris again applied as before, leaving windows for the purpose of frequent dressing of the denuded parts. This was left on for one week more, when

it was found that union in the bone was so firm that the plaster of paris splint was not further used. It was dressed as before and this treatment continued for another week when all was perfectly healed, and in four weeks from the time of his entrance into the hospital he was discharged cured. When we take into consideration the extent of the injury of the soft parts, I am sure that you will agree with me that this result so speedily attained was little short of the marvelous.

The next most gratifying case in which I used it was that of James A., who was suffering from a very large specific bubo which was gangrenous in its character. He had been under the charge of several physicians, and his life seemed to hang by a single thread. The cavity was well washed by Marchand's peroxide of hydrogen and packed with aristol. This was renewed every day and the bubo not only healed but the general condition of the patient immediately improved. All of the internal medication I gave was a dessertspoonfull three times a day of the elixir of three chlorides and a generous diet.

I have used it in varicose ulcers of the leg with the most charming results. In this troublesome affection I firmly believe that no other treatment will bring about such gratifying results as aristol and the rubber bandage. Its effect is immediate and rapid.

A little girl was horribly burned on both legs from her clothes catching fire. The fire was quickly extinguished but the burns on the limbs were very severe, extending to the second degree. I made an ointment of aristol, one drachm to lanolin one ounce and a half, and spread it thickly over the whole inflamed surface. The limbs were then put up in absorbent cotton and roller bandage, which was not taken off for one week, when it was found that the whole surface had healed except two places, the size of a hen's egg, which subsequently healed under a few dressings. I have used it in five others cases of this character with equally good effect.

In recent wounds resulting from traumatism of any character it is probably seen at its best. Its action is peculiar. Take a given wound which has been carefully cleaned by antiseptic method,

stitched together and aristol dusted on the surface, when the next dressing is made the following will be observed: There has been no exudation. The aristol is as dry as when it was first put on. The wound is also as dry or even dryer, for where there was a particle of moisture, the aristol had sealed it in as it were and the wound had healed while perfectly dry. I have never seen a case of injury which was treated by aristol that did not heal perfectly and entirely, provided I had been careful to make it perfectly antiseptic prior to its application. In conclusion, aristol has many advantages over iodoform inasmuch that it is perfectly non-poisonous, has no odor, does not irritate, is fully as good an antiseptic as iodoform and in our opinion the ideal one.

*Discussion.*—Dr. J. M. Keller remarked that the paper read by Dr. Wile is extremely well timed as it brings before the profession one of the most important of all the new remedies. A remedy which not only does all that is claimed for that nasty, dirty, stinking drug, iodoform, but does it, not only without its horrible odor, but really producing a pleasant smell.

Possibly but few men have had occasion to test all the virtues and offenses of iodoform as thoroughly as I have had. My home is where it was used by the pound as compared with other places that use it by the drachm. So frequent and so universal was its use in all syphilitic sores, and so permanent were its offensive odors, that from the time a visitor entered the cars at St. Louis, to come to the Springs, his olfactors became disgusted at the horrible odor which penetrated every coach and closet on each train; and as they neared the Springs and struck the then Narrow Gauge Road, they became sick and disgusted, not knowing what perfume they were smelling.

Thanks to aristol, this disgusting odor no longer pervades the cars, depots, hotels or boarding houses, unless in patients who fall into hands of the ignorant quacks who infest our place, but in its stead the fragrance of the jessamine, wild honey suckle and violet perfume the entire route. But, Mr. Chairman, as to the value of aristol as a local remedy, I dare say that for the past two years there has been no hour of the day that I have not had occasion to use it in some form, either alone in powder, or mixed as

a powder with bismuth, boracic acid, salicylate of soda, acacia, or some of the zinc preparation, or as an unguent alone in 10 to 40 per cent., or mixed with some one or other of the above named or other powders; and whether used alone in either any, or mixed as indicated, I have not yet found occasion to doubt its value in most of its applications. Especially valuable I have found it in profuse suppurative wounds and in all weeping surfaces, when mixed with lycopodium or calamine (impure carb. zinc or bismuth). As an application in all the chancroidal sores, either initial or penis, or the destructive sores in groins, I have found nothing so pleasant or so efficacious as the aristol powder or its combination with any of the other powders mentioned. In all the weeping eczemas its action is extremely pleasant and efficacious. In epithelioma, I am convinced its action is admirably curative, often seeming to cure it rapidly and completely. In these last cases the powder should be applied three or four times daily, completely covering the sore, and each morning and night the incrustation which it forms, should be softened and washed off and the dry powder applied at once and thoroughly.

In the specific lesion, the true Hunterian chancre, *I believe it acts injuriously*, as do all other than very benign and soft applications; such lesions only requiring cleanliness and absolute protection from friction.

In conclusion let me sum up with the statement, that I believe with the appearance of this preparation begins the complete disuse of iodoform.

Dr. R. Newman says: My experience with aristol is such that I fully concur with the author of the paper. As an antiseptic dressing it has done just as well as iodoform, and has the advantage over the latter to be free from any unpleasant odor. I have used it also as surgical dressing to simple wounds, chancroid, and some syphilitic ulcers. Besides using it myself, I have observed its actions in hospitals, clinics, and particularly in the practice of Dr. R. T. Morris, and in all cases it acted alike, with the same favorable result. I have used Aristol also as an ointment to reduce the swelling of glands. In one case the axillary glands were inflamed and very much enlarged after an electroly-

tic operation with needles for carcinoma, and suppuration was feared. The local application of an ointment with aristol reduced the glands to their normal size in a few days. Another important advantage is also, that the aristol, as a local application, is not absorbed by the system. While I have made several investigations to ascertain this fact, none were so striking as the following :

The aristol ointment was used on large gummata. The patient was a reliable chemist, and examined his urine several times every day, without finding any trace of iodine. Then the Aristol was discontinued and substituted by unguentum iodini comp., and analysis of the urine on the first day showed iodine distinctly. The knowledge of this fact is very important for the treatment of respective cases.—*New England Medical Monthly*.

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**EARLY RESECTION IN COXITIS.**—At the last meeting of the American Medical Association this question of early resection was again the subject of contention between the general surgeons and the orthopedists, and as usual arguments convincing to themselves but not to their opponents were adduced by either side.

Dr. Herman Mynter, of Buffalo, N. Y., read a valuable paper, reviewing the pathology of Volkmann and Koenig; he also exhibited specimens showing the location of the primary focus to be in the bone. Upon these premises he founded his argument and drew the deductions for removal of the diseased focus by operative measures at the earliest possible moment. He admitted that coxitis, in any stage, may recover without operation, but asserted that all cases treated conservatively recovered with more or less flexion and adduction. He reported upon ten cases operated upon by himself, and stated his belief that by an early operation, and only by an operation, the disease could be arrested, the mortality reduced, and that rapid healing of the wound and a movable joint could be confidently anticipated, with no flexion, adduction, or other deformity than slight shortening, and that the functions of the limb were far better than could be obtained by conservative treatment. In addition, and not an unimportant

point, the patient was relieved from years of suffering and treatment. The patient from whom one of the specimens had been removed had suffered but four, and the other but six weeks, and both were suppurative cases. Both cases had recovered and had been discharged from the hospital at the end of three weeks.

Dr. W. R. Townsend, of New York, did not believe that disease had existed only four and six weeks in the cases whose specimens were presented, and he did not consider them as cases that could properly be called early cases. He denied the charge that all, or most, cases of coxitis treated by proper mechanical means aimed to give physiological rest to the joint, recover with flexion or adduction, or that the functional results following operation were better than those obtained by conservative treatment. He referred to his own large experience in the management of hip cases, and compared it to the small experience of the author of the paper, and held that Dr. Mynter's conclusions should not be accepted as conclusive.

Dr. R. H. Sayre, of New York, agreed in the main with Dr. Townsend, and held that, under proper mechanical treatment, good diet, and hygienic surroundings, patients almost invariably recover with good joints. Only cases that do badly under proper conservative treatment should be subjected to operative measures.

Dr. Ridlon, of New York, agreed with Drs. Townsend and Sayre; he accepted the pathology of the author, but held that that did not prove that the patient would not recover without the operation, or that he would recover with the operation. He referred to the work of Wright of Manchester, Eng., who has done more excisions during the early stage than any other surgeon, and asserted that Wright admitted that relapses were not infrequent after the results of the operation had remained sound for as long as two years. Bearing on the functional results obtained by excision, he referred to the half dozen cases exhibited by von Bergmann in his clinic, on the occasion of the International Congress at Berlin last August, and asserted that they all showed flexion as well as shortening, and some had adduction. He pointed out, as a cause of relapses after operative measures, the failure to remove the primary tubercular focus in



the patient—usually in the bronchial lymph-nodes—though the primary focus in the joint had been removed, the fact that cases after operation were not given prolonged mechanical support until all unsoundness had passed away from the joint, and the locality no longer furnished a better field than any other part for the tubercular seed derived from the cheesy lymphatic glands. He suggested that those anxious, from logical deductions rather than clinical experience, to remove the primary focus, should remove the bronchial lymph-nodes; and said that early removal of the primary bone lesion to eradicate the disease could be compared with laparotomy for the removal of Peyer's patches as a means of cure for typhoid fever.

Dr. Mynter said that he did not by any means accept the logic of his friends, the orthopedists, and held that if his pathology was accepted, operation must be the logical conclusion of any intelligent mind. He regarded the tubercular bacillus as not pathogenic, and suppuration as purely an accidental infection.—*Med. Record.*

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**TREATMENT OF SCIATICA.**—By sciatica we understand neuralgia of the largest branch of the sacral plexus of spinal nerves—of the sciatic nerve. Probably its large size and superficial position cause this nerve to be so frequently subjected to neuralgia. Exposure to cold and wet, especially in men, over-fatigue of the lower limbs, hereditary tendencies, and not rarely a rheumatic diathesis, all form etiological factors.

The pain here, while following the course of the nerve, is mostly limited to the place of exit of the nerve at the sciatic notch, the inferior part of the thigh and the knee, though it may be felt all over the leg, and sometimes only in the foot. It is never shooting, but a dull aching, and, if at all severe and of long duration, this neuralgia will lead to wasting of the muscles of the leg. Occasionally both nerves are affected.

Considering treatment, to which I shall only refer, I intend to speak here of practical measures alone. Like in all neuralgias, remembering Romberg's remarks, that neuralgia is the cry of a nerve for food, we must place the patient under the best possible



hygienic conditions, keep off injurious influences, regulate the diet, attend to the secretions, improve nutrition and elevate the tone and augment the vigor of the system, while laying special stress upon healthier blood—the latter object being obtained best by ferruginous preparations and plenty of fresh air. In most instances rest plays an important role, and should be insisted upon when at all possible.

The application of blisters, or of a series of blisters, especially over the most painful points, the exit of the nerve, and wherever it is situated nearest the integument, is always beneficial, while the internal administration of salicylate of sodium, in gr. *xx* doses every three hours, will often achieve a cure in rheumatic cases. Antipyrine, antifebrine, phenacetine, croton chloral, and ol. terebinthinæ, (*m* *vj*-*xv*, *t. d.*) also are of value in cases without rheumatic tendencies.

The inunction of from 40 to 90 grains of blue ointment daily into the skin over the affected parts is very effectual. Over the ointment should first be placed oiled silk, then a layer of absorbent cotton, and the whole held in position by a suitable bandage. In most cases a treatment like the one mentioned, if persevered in, and if the affection is not too severe, obstinate, or of too long a duration, will be effectual in establishing a cure. In more chronic cases Fowler's solution, in gradually increasing doses, and in malarial cases, as also in such as evince a periodicity in their attacks, or a tendency to return in Spring or Autumn, divided doses of quinine, followed by a prolonged course of arsenious acid, or its preparation, will secure a more permanent result.

When these measures seem to be of no avail, deep, subcutaneous injections of chloroform, or the application of the actual cautery, both followed by massage, are indicated. And when these remedies fail, two more procedures are left open to us which are often remarkably successful.

Suspension of the patient, as practiced for locomotor ataxia, or when for Pott's disease of the spine, a plaster Paris jacket is to be applied, if repeatedly practiced may lead to a cure. Next the bloodless stretching of the nerve, by forcibly bending the thigh over on the chest, while the patient's muscles are relaxed under

the influence of an anæsthetic, has had good results. Or finally, the surgeon cuts down upon the nerve as near its exit as possible, and, after separating the nerve from its surroundings, placing both thumbs underneath it, forcibly stretches the nerve or resects a piece of it. In the most inveterate cases the latter procedures have established a permanent cure. And especially if atrophy of the muscles had developed, massage ought to be employed early and systematically to prevent wasting.

Naturally, in a disease which, like sciatica, often proves very stubborn and utterly unamenable to treatment, the most varied remedies have been recommended, but the foregoing are the only ones which have given any satisfaction in my hands, not forgetting specific treatment, when luetic infection appears as the pathogenic element in the case.

I will however, in conclusion mention one procedure, first brought to our notice by an irregular practitioner, and to-day, yet, often practiced—frequently with great success—by the same class of “healers.” That is the application of the so-called Baum-scheidtismus. In a canule are concealed a large number of fine steel needles, fastened to a metallic support, and so arranged that by the release of a spring these needles fly out. After the needles have been dipped into a “mysterious” fluid—which simply consists of one part of croton oil to from four to nine parts of olive oil—the apparatus is applied directly over the painful part and the spring released, whereupon the needles penetrate from one-eighth to one-quarter of an inch deep into the flesh, when they at once spring back. The application is repeated a number of times over the parts, so that innumerable little punctures are made on the leg. Within a few days these give rise to a pustular eruption—an effective counter-irritation, which may be kept up *ad libitum*, either by renewed applications of the apparatus, or by rubbing the diluted croton oil repeatedly over the parts already inflamed.

There is no doubt that this procedure in many chronic cases results in a perfect cure. I, myself, am so convinced of its efficacy that I had such an apparatus made for me, which while not differing in principle, yet in its appearance has no resemblance to

the quack-instrument. Into a metal plate are cast sixteen fine, steel needles. The plate is attached to a rod, which is held by a spiral spring within a canule, from which, by the displacement of a knob, it is released, when the rod, with the plate and needles attached, flies out with sufficient force to bury the needles a little over one-eighth of an inch in the flesh.

Not only for sciatica, but also for lumbago and other chronic aches, this counter-irritation will be found a useful addendum to our therapeutic measures.—*Hugo Engel. M.D., of Philadelphia, in Medical Summary.*

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**MEDICINES TO NURSING MOTHERS; INFLUENCE OF THE MILK UPON THE INFANT.**—Schling (*Gazette de Gynecologie*, Feb. 15, 1891, *Paris Medical*), has made a series of investigations with various medicines, and has obtained the following results.

**Sodium Salicylate.**—Dose, fifteen to thirty grains. When the child was not put to the breast for an hour or more after the administration of the drug to the mother, it was always found in the infant's urine and disappeared in twenty-four hours. If the infant nursed very soon after administration, there was no trace of the drug in urine.

**Potassium Iodide.**—Similar results. Analysis of the milk gave the characteristic reaction. Elimination in the infant lasted seventy-four hours; in the mother, forty-four hours. After twenty-four hours the milk contained the drug.

**Potassium Ferro-Cyanide.**—Reaction very plain in mother's urine. None in the infant's.

**Iodoform.**—Employed as applications to the vagina and vulva. After a rather prolonged use, as a rule, iodine was found in the milk and mother's urine, but never in the urine of the infant.

**Mercury.**—Its transition through the milk was very feeble and irregular, and depended upon the quantity of milk absorbed.

**Narcotics.**—(a) *Tincture of Opium*, in doses of twenty to thirty drops. Thornhill has observed in the infant profound sleep. Fehling has noted neither prolongation of sleep nor constipation. (b) *Morphine Hydrochlorate.*—Solution 1-30; doses, gr.  $\frac{1}{8}$ - $\frac{1}{4}$ . No

ill effect upon the child. (c) *Chloral*.—Dose, gr. xv.-xlv. Mean duration of maternal sleep, two hours. No action was noted upon strong and vigorous infants. When the child is feeble or premature, there should always be an interval of at least two hours between the administration of the drug to the mother and nursing. (d) *Atropine Sulphate*.—Solution 1-100. Subcutaneous injections, gr. 1-200-1-120. Pronounced symptoms were observed in the mother. Dilatation of the pupils was noted in the infant, which disappeared in twenty-four hours. The drug should not be given to nursing mothers, except in very small doses.

*Influence of Maternal Fever*.—In an immense majority of cases the milk has no effects upon the child. When the mother was the subject of a grave disease, with a persistent temperature of 104°, the fever curve of the infant presented the same characters as that of the mother. In a case of mastitis, Bumm has demonstrated the presence of micrococci in the milk and gastro-intestinal disturbance in the child.—*University Medical Magazine*.

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WHAT IS THE BEST NUTRITIVE ENEMA?—Nutritive enemata, though often indicated in cases of œsophageal or gastric disease, are comparatively rarely used, because of the general skepticism as to their utility. Either they are of but little nutritive value, as in the case of bouillon, or are difficult of absorption by the rectum, as in the case of milk. Leube suggested, in 1872, the use of pancreatized beef-pulp, and afterward Ewald proposed the peptones of meat, and of cheese, as offering suitable material for rectal feeding. There is no doubt that the substances recommended by these writers are, in part at least, absorbed by the rectum; nevertheless, their use has never become general, because of the difficulty of their preparation. Ewald, as a result of further experiments, found that eggs, even though not peptonized, were to a considerable extent absorbed by the rectal mucous membrane. According to the *Mercredi Medical*, for April 1st, Huber, of Zurich has recently repeated Ewald's experiments in Prof. Eichhorst's clinic, and announces that the absorption of raw eggs is greatly aided by the addition of common salt. The salt is well

borne, and causes, as a rule, no irritation of the bowel. He considers that eggs beaten up with salt, in the proportion of 15 grains to each egg, are the best for nutritive enema. His method of procedure is as follows: Two or three eggs are taken, and 30 to 45 grains of salt are added. They are slowly injected by means of a soft-rubber tube carried as high up the bowels as possible. Three such enemata are given daily. An hour before each enema, the rectum is cleared out by means of a large injection of warm water.—*New York Medical Journal*.

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**THE DERMAL ADMINISTRATION OF QUININE TO CHILDREN.**  
—Troitski has recently undertaken a long series of observations in the children's department of a poorhouse with the object of ascertaining what was the best form of external application, and how far absorption is possible under these circumstances. His experiments, which were conducted on healthy children, about fifty in number, are published in the current number of the *Vratch*. He made some trials with ointments of which the bases were vaseline, lard, or lanoline, but very soon discarded this form of application, as he found that in order to get an appreciable quantity of the drug absorbed it was necessary to spend a long time rubbing in the preparation, which was not only tedious to the operator but very fatiguing to the child. Contrary to what most of the writers on the subject have advised, the region of the body selected for the application was the back of the thorax. Solutions of quinine were then tried, with rather more success, 1 part of the hydro-chlorate of quinine being dissolved in 30 of rectified spirit, or in 20 of spirit and 10 of glycerine. Of this a teaspoonful or a teaspoonful and a half was rubbed in twice a day until the skin became quite dry, the precaution having been previously taken of washing the child well. The urine was examined both by the chlorine water and by the iodine tests, and observations made of the comparative results in the same children. The conclusion came to was that, though the drug is undoubtedly absorbed by the skin from such solutions as were used, the amount was so small and uncertain as to render it impossible to administer

the dose that may be desired by the external method. The good effects that are said to have been produced in fever by the lotions Dr. Troitski would ascribe, mainly at least, to the refrigerating action of the spirit on the skin.—*Lancet*, May 16, 1891.

**CHRONIC RHEUMATISM.**—The clothing of the patient must be attended to. It is essential that flannel should be worn next to the skin. The Jäger underclothing is very good. The diet should be nourishing, and, if stimulants are required, a little whisky is, perhaps the best. The internal treatment adopted is very various. I have found the following prescription most useful.

R Pot. bicarb.....gr. xv.  
Pot. iod.. .....gr. iij.  
Tr. hyoscyam.....m x.  
Spt. chlorof.....m v.  
Inf. gentian.....℥ss.

M. S. Ft. haustus, ter in die.

In strong adults, a few drops of vin. colchici is beneficial. I have seen good results from three-grain doses of salicylate of soda three times daily. Gaiacum is useful in some cases.

As the patient progresses, a mixture of the following may be given :

R Ferri et ammon. cit.....gr. x.  
Pot. iod.....gr. iij.  
Pot. bicarb.....gr. xij.  
Spt. chlorof.....m v.  
Aque pimentæ.....℥j.

M. S. Ter in die.

The syrup ferri iodidi answers well in some cases. If there be much pain, opiates, especially given subcutaneously are often of marvelous efficacy. If the patient is debilitated, cod-liver oil is useful.—STAPLE, *Hospital Gazette*.

**HAY FEVER REMEDIES.**—Whatever may be the theory of the causation of hay fever the question to physician and patient is how shall the symptoms be relieved? Mere mention of the remedies that have been tried would almost make a treatise on materia medica.

Among these we wish to call attention to a few which have proven their efficacy. These may be conveniently described under two heads, viz.: remedies for local use and for internal administration.

Local medication may include Cocaine in 4 per cent. solution, in tablet form or in nasal bougies. A good formula for bougies is the following: Hydrochlorate of Cocaine, 1 grain; Atropine, 1-200 grain; Cocoa butter, q. s. The bougie may be held in position by a pledget of absorbent cotton soaked in cocaine solution.

Menthol may also be used with advantage in 10 to 20 per cent. solution in olive or almond oil, and applied to the nasal membrane with a brush, or in spray or simply insufflated.

Fluid Extract With Hazel, distilled, and Fluid Hydrastis for local application are often of value in the catarrhal symptoms.

For internal administration to abort the paroxysms *Grindelia Robusta*, *Euphorbia Pilulifera* and *Quebracho* may be resorted to either alone or in combination. These remedies have shown their specific antispasmodic action in asthma, and accepting the neurotic origin of hay fever, must be conceded to be of service in restoring normal respiratory action in the distressing paroxysms of hay fever.

Parke, Davis & Co. supply all of these agents in eligible form, and will afford all desired information concerning them.

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**TREATMENT OF DIABETES MELLITUS.**—A number of papers have recently been published upon this subject, perhaps the most important one being the one contributed to the Tennessee State Medical Society by Dr. J. A. Witherspoon, of Columbia. All unite in placing the patient upon a diet excluding all food-stuffs containing starch or sugar. Some praise sulfonal, others antipyrine, and Dr. Witherspoon lauds codeine and arsenic. In quite a number of cases treated by the editor of the INDEX (of which faithful record has been kept for several years), complete cure has seemingly been established in every instance save one—a gentle-

man from Louisiana who was apparently in the last stage but has survived nearly three years. The treatment adopted was :

R Codeinæ sulphat.....3j.

Ext. syzygii jambolani.....℥ij.

M. Sig.: Begin with fifteen drops after each meal, and increase five drops every second day until a half-teaspoonful is reached. —In some cases arsenic, either alone or with bitters, was also administered thrice daily. With only one patient was restriction of diet attempted, and this was soon abandoned ; all others ate as if glycosuria did not exist. Full case histories will be given at some future time when there can be no doubt as to non-return. —*Medical Index.*

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ANTIPYRIN IN INFANTILE ENURESIS.—Dr. J. Bouisson (Theses de Lyon) stated that the effect of antipyrine in the treatment of the enuresis nocturna of childhood is “simply marvellous.” The remedy is exhibited in doses of 10 grains, repeated to the third time (30 grains in all) at intervals of one hour, commencing four hours before bedtime. Of eight inveterate cases in which the disease had existed for several years, and upon which every other remedy and method of treatment had proved futile, every case was completely cured. Several months have elapsed since the treatment, and in no case has there been a relapse, nor have any symptoms of return been noted.—*National Druggist.*

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GERMAIN SEE'S TREATMENT FOR PHTHISIS.—A report (*La Pratique Medicale*, April 21, 1891) of Germain See's new treatment for phthisis states that it consists in subjecting the patient to compressed air impregnated with creosote for from three to six hours a day. Its effects are : increase of appetite, digestive power, weight and strength, with lessening of fever, expectoration and cough. The general symptoms subside, and the disease seems limited to the local lesions.—*University Medical Magazine.*

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UNDERTAKER (sympathetically)—What ailed your wife?

Bereaved Husband—Wall, fust she tuk a bad cold, then she tuk the doctor's prescription, then she tuk her bed, and atween the three, they just laid her out.—*Pharmaceutical Era.*



## Editorial.

### PROPRIETARY MEDICINES.

In the humorous and able article in our original department, Dr. J. S. Cain holds certain views, and with some other members of the profession is somewhat harsh and severe, and in our opinion, unnecessarily so, in his strictures in regard to Proprietary Medicines. There are Proprietary Medicines and Proprietary Medicines. Some are of material value and have stood and will stand the tests of time and experience—others are worthless, are soon recognized as such and soon are laid aside and forgotten. There is an unquestioned difference in regard to the *patented, secret nostrums* inveighed against by the Code of Ethics and a copyrighted trade mark or proprietary compound. In the one it is the sole property of the patentee, its formula is kept, so far as is possible, from both secular and professional public, and although it is required to be filed at the Patent Office, you, or I, or any one else are prohibited from making or manufacturing it. In the other, all that is protected is the special trade-mark or name. In every instance honest manufacturers will gladly furnish quantity, quality and character of its component parts to medical men.

Lambert's Listerine, Battle's Bromidia, Fellow's or Robinson's Hypophosphites may be compounded, used, dispensed or sold by any man, woman or child, regardless of color or previous condition in the broad land, who may be competent and so desire—but the proprietary trade-mark and copyright laws say you shall not call it "Listerine," "Bromidia" or "Fellow's" or "Robinson's" Hypophosphites. One method of preparation may be identical and exact in every particular with the other, but it must be sold, dispensed or used under some other designation than the one they have justly named and as justly protected. Possibly the Proprietary manufacturer may "put money in his purse," or even amass a fortune by his specially protected article. Is there anything wrong in this? His method or his combination may be very simple, but if it proves itself of material value is it wrong that he be benefitted? The only question with which we have to do is whether the user will be benefitted.

A distinguished practitioner of this city and an able professor of therapeutics in one of our medical colleges, some years ago was practicing in a small town in an adjacent State. To his office came a man howling and roaring with pain, who on being interrogated said that "a bug had crawled into his ear" and requested the Doctor for "God's sake to get it out, and do it quickly!" The Doctor, with an originality that has ever marked his career, took up a dipper full of water, and telling the man to hold his head on one side, poured the water into the upturned auricle. The bug immediately backed out, and the man being at once relieved said:

"Well, Doctor, How much do I owe you?"

"Five Dollars," was the reply.

"Well, here it is," he said, handing over a V. "I don't really think that I am paying you for your skill, experience, knowledge or ability; but any damned fool, who did not know that if you pour a dipper full of water on a bug in a hole, and that he would'nt crawl out, ought to be taxed five dollars."

Simplicity of a measure or means does not impair its value. It is results we are after, and if relief from pain, suffering or death from disease can be accomplished, any measure no matter from what source or of what character, is justifiable—the only proviso being that the means are commensurate with the end to be obtained.

A patient calls on me and after my examination I find that from phthisis, or other wasting disease there is a necessity for the administration of such remedies as will produce a rapid increase in flesh and strength. I take my pencil and prescription blank and write:

R Pure Norwegian Cod Liver Oil.....640 m  
 Aq, Dist.....280 m  
 Soluble Pancreatinum..... 40 grs  
 Soda..... 2½ grs  
 Salicylic Acid..... 2 grs  
 Hy-cholic acid..... 2-5 grs

S. Dessert-spoonful just after each meal.

Dr. Cain and those who think with him will say that there is nothing wrong with this, and why not do it?

Well, from the simple fact that it is much easier to write as follows:

R Hydroleine ..... f3j  
 S Dessert-spoonful just after each meal.

Furthermore, I am far more certain that outside of about five or six prescriptions drug stores in this city of 80,000 people, that I will more certainly get just exactly what I want and prescribe in the latter case

than the former ; to say nothing of the fact that with this as with other preparations it will cost my patient from one-fourth to one-third or possibly one-half less in the one instance as in the former. Fellow's and Robinson's Syrup of Hypophosphites are closely allied to the formulæ of Dr. Churchill, while Morgan's Liquid Hypophosphites differ from them mainly in the absence of sugar which is objectionable in some cases. Outside of about half a hundred drug stores in the entire State of Tennessee, I would feel more confident of getting what I prescribed by using one of these now standard preparations, than I would if I prescribed Churchill's formulæ or something similar formulated by myself. With the advantages of a large establishment, the whole or a greater part devoted to the manufacture of a combination that has been tried and found to be reliable, eligibility, accuracy and economy are important points worthy of consideration.

In our large cities and a few of our largest towns will be found a few of the leading prescription druggists with experienced pharmaceutical assistants and full stocks, where can be dispensed almost anyone of the leading proprietary compounds on the market, with the most satisfactory accuracy and eligibility—but these are few and far between—and the question of price is yet to be considered and cannot be so satisfactorily answered.

As to giving "certificates" to such preparations and the intimation that it is due to a desire of seeing one's name in print, a method of specious advertising—we are more charitable to our brethren than to harbor such an idea. Rather is it not that these gentlemen having found material benefit and satisfactory results are anxious that others should have the advantage of their experience. Personal acquaintance with some, and the acknowledged high standing of others rather favor this idea as well as refute the other suggestion that venality and a proportionate amount of "boodle" constitute the *raison d'être* of the testimonial.

Arguments additional might be adduced in behalf of proprietary medicines, but we will conclude this article with the expression of an honest and sincere belief in them as really an advance in pharmacy—they have come to stay—at least such of them as prove satisfactory ; and I shall not hesitate to prescribe "Peacock's Bromides," one teaspoonful, rather than have my prescription written in extenso for Bromide Potas, Sodium, Calcium, Ammon and Lithinum, aa gr. xv., and have it returned by nine out of every ten houses and druggists in

the State with the information that they have not all the ingredients; or possibly have some one of the few who are not honest, substitute a double quantity of the Bromide Salt on hand in lieu of one that is not in stock.

Yes, we will continue to use such Proprietary or Trade-Mark protected preparations as we and our friends in whom we have confidence have found satisfactory, and shall always feel thankful for the manufacturers of the same, as well as those who have given us information in regard to them.

A very weak argument—and one not worthy an honorable physician—so much so that we hardly deem it worthy of notice, is that “these preparations will render the doctor’s services unnecessary in many cases; the people will prescribe for themselves; it will take the bread out of the Doctor’s mouth.” Bah! away with such clap-trap. There is just as much need for Doctor’s now as at any time in the world’s history. Such a millennial Hygeia is not to be compassed on this mundane sphere by copyright, trade-marks, or any other means.

The same might have been said when Jesuits bark was first used in civilized countries, or when Sulphate of Quinine was first manufactured. We know that it was used as a strong argument against removing the ad-valorem tax on Quinine some years ago. But what are facts? Quinine now selling for 25 or 30 cents an ounce, and we are called upon just as often as of yore to treat chills, fever and ague and the many protean forms and phases of malarial diseases; and the “subordination of nearly all our medical journals” has not yet had any material influence upon the competent, honest and reputable doctor’s business.

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### “CROWNER’S-QUEST LAW.”

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Our good friend Sim in a leading editorial article in his excellent journal *The Memphis Medical Monthly* for July, is so sound and practical in his remarks on this subject that we take pleasure in reproducing it in full. His predecessor on the State Board of Health, Dr. G. B. Thornton of Memphis, some years ago, advocated similar ideas in a very able paper before the State Medical Society, which was most heartily endorsed by this journal at that time. The subject is one of far more importance to the general public than many others that consume the time of our law-makers. The coroner’s inquest of to-day belongs

away back in the annals of old English law, and with the conditions and imperfections of its originality in a less enlightened age has been perpetrated from year to year on the statute pages of Tennessee and some of the other States of our Union. Massachusetts has for some years abandoned so crude, cumbersome and imperfect a measure, and while possibly her methods of medical examiners in cases of sudden, accidental or suspicious death might not be fully acceptable to our people in every particular, they are certainly an improvement on the bunglesome methods that disgrace our present methods of jurisprudence.

We do not hesitate to make the bold assertion that not in one case in ten—no, not one in twenty in the past hundred years of the criminal annals of Tennessee has the guilt or innocence of an individual been determined by our coroner's system. If it is useless—then away with it; or so amend it as to make it worth the space it occupies in our statutes and the time and expense of its execution.

Personally, we have endeavored to bring this matter before members of several of our preceding legislatures, and have been met by the statement that the changes suggested by Dr. Thorton previously and by Dr. Sim now, would be in conflict with our State constitution, and could not be made by any General Assembly. The present and former constitutions having already fixed the qualifications of the coroner's office, to require of him a medical education would not be in the province of a legislature, and if the change is ever made, which every legislator we have approved has readily admitted would be beneficial, it could only be accomplished by means of a constitutional amendment.

Accepting these statements as correct, we have abandoned the hope of any improvement in the near future, and while doing so will patiently wait until the next move is made for a change in our State constitution, which possibly may not be very long, and hope at that time, with the aid of others, to secure a much needed modification. In the meanwhile, occasional agitation of the subject will keep it alive, and prevent it being overlooked when the opportunity for improvement shall arrive.

One suggestion we would make, and would like to see it acted on by our medical friends throughout the State. Let the physicians of each county who feel interested in this matter, select some capable and popular member of the profession and endeavor to secure his election to the office hereafter. A physician is not disqualified for the office of county coroner, and while the office is not a very lucrative one, its

duties will not greatly conflict with the practice of his profession, and the honor of doing the best he can for the people of his community would certainly suffice for any liberal minded member of the profession. By this means, we can secure the services of many properly qualified officers in quite a number, if not a majority of the counties in the State, and we feel confident that the comparison of results in the counties having properly qualified officers, would be a material and practical argument of considerable force when the oportune moment for making the change permanent shall arrive. With this suggestion, we take pleasure in submitting to our readers the article of Dr. Sim, which is as follows:

“OUR CORONER SYSTEM.—No one who has ever had the opportunity to witness the practical workings of our coroner system, will gainsay the statement that it needs some very radical reforms. Just what the nature of these reforms should be, must of course, be left to future legislators, but we may be permitted to suggest that one of the cardinal principles of this reformation should be the substitution of a medical for a lay officer to perform the functions of coroner, and that the selection of incumbents of the office should be left to some appointing power to be made without reference to politics, but only with strict regard to special fitness and capacity to occupy and perform the functions of this very important office. By special fitness and capacity, we mean that in addition to a well-grounded medical education he should have special knowledge of medico-legal matters, and these should be pre-requisite qualifications for the office. Then, too, the office should be a salaried one, with no perquisites to stimulate the coronial avarice. With a salaried medical man as coroner, the public would have greater respect for the office and its functions, and would feel a greater confidence that it would not be called upon to witness any such abortions of justice as would have occurred in the Persons case, in this city, only a short while since, had not a shrewd and intelligent newspaper reporter entered the breach with a chain of evidence sufficient to convict the offender on preliminary trial and ultimately before the Criminal Court. They then would not fear that a coroner would hold an inquest over the body of a man who had been attended by a physician several days before death, whose death certificate had already been signed by the physician and *whose death was attended by no suspicious circumstances*. The writer of this was edified by observing a case of this kind a few years ago. He had attended the man for several days. He was not summoned to give

his evidence. The verdict was *death from natural causes*. What a commentary!

We have referred to these two cases; they were observed by chance. We know of no others, but it is logical and natural to argue that they are analogues of a great many others.

They are in themselves intensely suggestive of possibilities, and present a strong appeal for some reformation in our State statutes.

The statutes of Tennessee are quite liberal enough in construction to permit of careful and intelligent work by coroner's; they are authorized to employ a physician to assist in examinations, and are even empowered to call in the assistance of experts in very doubtful cases. As a rule, however, they feel quite confident to arrive at a conclusion, one that suits them, at least, without the assistance of a medical man. Then, too, the statutes provide so poorly for the services of competent physicians in these cases as to make them feel disinclined to render such service unless compelled to.

As now organized the coroner system is a part of the political machinery. It is too patent to be gainsaid that the result is not always the election of officials who have any special fitness for the office, and his deputations are distributed as rewards for political or personal friendships. Advancements in medico-legal knowledge teaches us that the ends of justice are not always obtained by this arrangement. This advancement and this experience demands some reform which shall bring the coroner and his office into unison with the existing spirit of progress.

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#### WINE OF COCA.

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In the *Brooklyn Medical Journal*, Vol. V, No. 3, Dr. Henry Conkling refers to the value of Coca Erythroxyton as a cardiac tonic. He calls special attention to the form under which this drug should be administered as follows: The officinal preparation of Coca the extractum erythroxyli fluidum, may be given in doses of from 3ss, 3ii. The use of this preparation is not always satisfactory. After employing the remedy, the thought has been suggested that perhaps the nature of its composition did not tend to develop the local sedative action of Coca upon the mucous membrane of the stomach. A preparation made differently, containing more of an alcoholic principle, might theoretically overcome this difficulty. It is possible that the article familiarly known for many years as "Vin Mariani" has the



requisite composition. It has been used, as noted in printed records, for diseases of the mouth, throat; stomach, general neurasthenia and pulmonary tuberculosis. Its use has been suggested in forms of cardiac disease. This note has been written to record the successful use of the preparation in cardiac irritability due to the irritation from the non elimination of urinary products, as shown by diminution of urea. The heart here is frequently in a condition of tremor cordis, and marked muscular debility often remains after the function of the kidneys has become more normal. "Vin Mariani" has in our experience proved most beneficial in restoring and saving muscular force, and thus furnishing a better organ upon which other drugs may act more favorably.

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WISCONSIN MEDICAL AND SURGICAL JOURNAL.—From a recent prospectus we learn that a new monthly medical and surgical periodical will soon be established at Waukesha, under the editorial management of Thos. O. Summers, M. A., M. D., F. S. Sc. Lond., with P. C. Darrow, 401 Pontiac Building, Chicago, Publisher. Subscription price one dollar per annum.

From the neatly printed prospectus its publication interests will be in good hands, and it is needless to say to anyone in the Southwest that "Tommy" will keep things lively in the editorial sanctum. It is with pleasure we place it on our exchange list.

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FEBRILINE AND GROVE'S TASTELESS QUININE SUGAR.—From the increased demand for these most excellent preparations of Quinine, the Paris Medicine Co. manufacturing them has been enabled to reduce the price *one-third*. At even the present low price of Quinine they are as economical and equally efficacious as the alkaloid in pills and capsules. Our readers will do well to carefully investigate the advertisement on page 3B. These preparations are not only valuable in the cases of children but also in adults who object to the bitter taste of quinine or to taking pills and capsules.

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LACTO-CEREAL FOOD.—The enterprising and progressive firm of Reed & Carnrick are again in the field with a new and valued preparation called Lacto-Cereal Food, designed for invalids, dyspeptics, convalescents, the aged, and all who suffer from impaired nutrition or retrograde tissue. This food, besides being entirely palatable, con-



tains twenty-one per cent. of albuminoids, the amount required to attain and sustain the highest bodily vigor, as has been lately demonstrated by Dr. A. H. Church in his scientific experiments on English troops.

Lacto-Cereal Food is the only Food containing desiccated fruit, which acts favorably on the *liver* and *bowels*, keeping them in a healthy, normal condition. It is neutral in its effects on the bowels, being neither laxative nor constipating.

The starch in the wheat and barley has been dextrinized so as to render it easily digestible. In general character and constituents this would seem to be an *ideal food*, and we predict for it the same popularity and pronounced success which have attended all preparations emanating from the house of Reed & Carnrick.—*Epitome*.

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VOMITING OF PREGNANCY.—I was called in consultation upon a case of persistent vomiting in a primipara aged seventeen. For over a month, barely any nourishment had been retained either by stomach or enemata. Her mother, it was stated, had died from exhaustion superinduced by long continued vomiting, after having given birth to her only child, our patient. The nervous symptoms were therefore intensified to an alarming extent. The remedies ordinarily successful had been fully tried before my arrival. Dilatation had not been tried, but was for some reason strongly opposed by the patient. A child in the household was being fed "Malted Milk." It occurred to me to prescribe the same article, and we were gratified to find the first drink retained. This treatment was now persisted in, and although the labor was tedious there were no unusual features. The vomiting never became a source of trouble again.—*Dr. Markwell Lawson in The Archives of Gynecology*.

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DELIGHTFUL RESORTS.—Our readers who are desirous of finding pleasant places to spend the Summer should bear in mind that the Chicago & Northwestern Railway furnishes every facility for a rapid, safe and comfortable journey from Chicago to Waukesha, Madison, Lake Geneva, Neenah, Marquette, St. Paul, Minneapolis, Duluth, Ashland, Lake Minnetonka, Yellowstone National Park and the mountain resorts of Colorado and the far West. Fast vestibuled trains, equipped with reclining chair cars, parlor cars, palace sleeping and dining cars, afford patrons of the Northwestern every luxury inci

dent to travel by a first-class railway. Excursion tickets at reduced rates and descriptive pamphlets can be obtained upon application to any Ticket Agent or by addressing W. A. Thrall, General Passenger and Ticket Agent, C. & N. W. R'y., Chicago, Ill.

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DIOVIBURNIA.—The subject of uterine disease reminds me that during the past six months I have had my attention drawn to a remedy which goes under the name of Dioviburnia. I was not familiar with the component parts, but having read the emphatic endorsement by Drs. J. B. Johnson and L. Ch. Boisliniere, of St. Louis, two of the most eminent professors and practitioners of the city, as well as that of Dr. H. Tuholske, I was induced to give the compound, a fair and thorough trial, and I am convinced that in Dioviburnia we have a valuable addition to our armamentarium in our battle against the enemies of the noblest work of God—Woman.—*I. N. Love, M. D., in Medical Mirror.*

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ALEX. M. BLIGH, M. R. C. S. Eng., etc., Liverpool, England, says: S. H. Kennedy's Extract of Pinus Canadensis is an invaluable remedy for most diseases of the mucous surfaces, especially of the throat, and indeed the whole intestinal mucous membrane. In throat affections, relaxed uvula, chronic laryngitis, assuming the form of aphonia clericorum, to which teachers, singers and clergymen are subject, I have found its administration, both internally and as a gargle, most useful. I have considerable experience of its efficacy in clergymen, and find it invaluable in neurosis of larynx.

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I AM prescribing your Three Chloride Elixir (Ferri Hydrarg et Arsenicum) almost daily with the best results. As a specific alterative, if there be such a thing, your mixture deserves special mention and as a thorough tonic, it has given most excellent results. Alone or in combination with the soluble salts of the iodides, it fills an important place in the field of therapeutics. Very respectfully, *Dr. G. J. Tobias, Chicago, June 13, 1891.*

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ANTI-KAMNIA CHEMICAL CO.—Gentlemen: I procured some of your Antikamnia and have used it in several cases of LaGrippe with the most happy results, both to myself and patients. It fills a place where the preparations of opium would do positive harm. Progressive physicians will all feel thankful for the remedy. Respectfully, *John J. Rigg, M. D., Montrose, Iowa.*

# GASTRIC DERANGEMENTS.

## **Horsford's Acid Phosphate.**

Unlike all other forms of phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypophosphites, etc., the phosphates in this product are in solution, and readily assimilative by the system, and it not only causes no trouble with the digestive organs, but promotes in a marked degree their healthful action.

In certain forms of dyspepsia it acts as a specific.

DR. H. R. MERVILLE, Milwaukee, Wis., says: "I regard it as valuable in the treatment of gastric derangements affecting digestion."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

**Rumford Chemical Works, Providence, R. I.**

**Beware of Substitutes and Imitations.**

**CAUTION:** Be sure the word "HORSFORD" is PRINTED on the label. All others are Spurious. NEVER SOLD IN BULK.

## **W. W. TAFFEL,**

**Manufacturer of and Dealer in**

# **SURGICAL INSTRUMENTS,**

**AND**

## **APPARATUSES FOR DEFORMITIES.**

**Keeps on Hand**

**Surgical Instruments, Trusses, Shoulder Braces, Elastic  
Stockings, Abdominal Supporters, Crutches,**

**Rubber Goods, and all Surgical Appliances.**

**—Surgical Instruments, Scissors and Razors Ground.—**

All kinds of Repairing and Polishing promptly attended to.

Orders by mail given prompt attention.

**181 N. College Street,**

**- NASHVILLE, TENN.**

# FRELIGH'S TABLETS

(Cough and Constituent),

## For the Prevention and Cure of

# PULMONARY PHTHISIS

### FORMULÆ.

#### COUGH TABLETS.

##### EACH TABLET CONTAINS.

Morph. Sulph. [1-50 gr.], Atropiæ Sulph. [1-500 gr.], Codeia 1-50 gr.], Antimony Tart. [1-25 gr.], Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox, and Lachesis, fractionally so arranged as to accomplish every indication in any form of cough.

#### Constituent Tablets.

##### EACH TABLET CONTAINS.

Arsenicum [1-50 gr.], Precipitate Carb of Iron, Phos. Lime, Carb. Lime, Silica, and the other ultimate constituents, according to physiological chemistry. [normally] in the human organism together with Caraccas, Coca and Sugar.

### Price, Three Dollars Per Double Box.

Containing sufficient Tablets of each kind to last from one to three months according to the condition of the patient.

*A Connecticut physician writes:*

"I am now using your Tablets on a patient (young lady), who has had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morr., Syr. Hypophos. Co., etc., with no apparent benefit."

*A Virginia physician writes:*

"Enclosed find Postal Note for another double box Freligh's Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second, and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

*A Massachusetts physician, in practice 25 years, writes:*

"Send me two double boxes Freligh's Tablets. I have tried the sample box with most excellent results."

*A Michigan physician writes:*

"I am more than pleased with them. They have not disappointed me once. Dr. C. for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

### SPECIAL OFFER.

While the above formulæ have been in use, in private practice, over 30 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unblased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes, (retail price, Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card, letter-head, or some proof that the applicant is a physician in active practice, MUST accompany each application. Pamphlet, with full particulars, price-list, etc., on request.

## A PHOSPHORIZED CEREBRO-SPINANT.

(FRELIGH'S TONIC.)

Our Special Offer is still open, to send to any physician, on receipt of 25 cents, and his card or letter-head, half a dozen samples, delivered, charges prepaid. Each sample is sufficient to test it for a week in one case.

As we furnish no samples through the trade, wholesale or retail, for samples, directions price lists, etc., address,

**I. O. WOODRUFF & CO.,**  
**MANUFACTURERS OF PHYSICIANS' SPECIALTIES,**  
 88 Maiden Lane, New York City.

COCA has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habit, etc. The highly variable character of the commercial drug makes it uncertain however. Robinson's Wine Coca we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of Cocaine being always determined by careful *assay*.

SANDERS & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sanders, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

SEVERE HEADACHE with tendency to congestion of the brain, consequent upon LaGrippe, I used Peacock's Bromides very successfully and shall continue its use, it being far more satisfactory in my hands than any other preparation in similar cases.—*W. T. Strother, M. D., Port Crescent, Washington.*

#### DIABETES INSIPIDUS.—

R Ext. Ergotæ fl.....1 oz.  
 Kennedy's Pinus Canadensis (dark).....1 oz.  
 Ext. Valerian, fl.....1 oz.  
 M. Sig. Teaspoonful three times a day.

## Reviews and Book Notices

[The books and publications reviewed in this journal may be procured from the publishers, or through the editor of this journal, or Messrs. Hunter & Welburn, or the Wheeler Publishing Co., of this city.]

SURGICAL BACTERIOLOGY. By N. SENN, M.D., Ph. D., Professor of Surgery Rush Medical College, and the Chicago Polyclinic, etc., etc. Second Edition, thoroughly revised. 8 vo. Cloth, pp. 265, with 13 Plates, 9 Colored. Price, \$2.00. Lea Brothers & Co., Publishers, Philadelphia, 1891.

As a brief showing of the scope of this excellent work, we quote in full the author's preface to the first edition, published in 1889.

"Within a few years bacteriology has revolutionized surgical pathology. All wound complications and most of the acute and

chronic inflammatory lesions which come under the treatment of the surgeon are caused by microorganisms; hence the necessity of a proper recognition of the importance of bacteriology as an integral part of the science and practice of modern surgery.

It has been the endeavor of the author to present the different subjects contained in this work in as concise a manner as possible, and at the same time to omit nothing which might be deemed necessary to impart a fair knowledge of the subject."

In the second edition the author has added new facts illustrative of the relations of pathogenic micro-organisms to the various surgical lesions, with additional illustrations not found in the first edition.

The relations of surgical bacteriology to surgical pathology are synonymous, and the attainments of Professor Senn in this fertile field constitute him an authority. His observation has been close, his investigation thorough, and we cordially congratulate him on his excellent work.

**MEDICAL DIAGNOSIS.** By DR. OSWOLD VIERORDT, Professor of Medicine at the University of Heidelberg: formerly Privat Docent at University of Leipzig; Professor of Medicine and Director of the Medical Polyclinic at the University of Jena. Translated, with Additions, from the Second Enlarged German Edition, with the Author's Permission, By FRANCIS H. STEWART, A.M., M.D., Member of the Medical Society of the County of Kings, N. Y.; Fellow of the New York Academy of Medicine; Member of the British Medical Association, etc. 8 vo. cloth, pp. 700. Numerous Colored and Wood Engravings. Price, Cloth, \$4.00; Sheep, \$5.00. W. B. Saunders, Publisher, 913 Walnut st., Philadelphia, 1891.

In this work, as in no other hitherto published, are given full and accurate explanations of the phenomena observed at the bedside. It is distinctly a clinical work by a master teacher, characterized by thoroughness, fullness, and accuracy. It is a mine of information upon the points that are so often passed over without explanation. The student who is familiar with its contents will have a sound foundation for the practice of his profession.

The author gives a complete though brief presentation of the Micro-organisms, whose recognition and discrimination are made possible by cultivation, and inoculation, and which, through the labors of those eminent bacteriologists, Pasteur, Koch and others, have already made such marked changes in the application of remedial agents in the cure of disease.

The duties of the translator have been faithfully discharged and the publisher has left nothing undone to make so excellent a work acceptable. A very full and complete index of 90 pages is a noted feature.

**SEXUAL NEURASTHENIA, (NERVOUS EXHAUSTION) ITS HYGIENE, CAUSES, SYMPTOMS AND TREATMENT, WITH A CHAPTER ON DIET FOR THE NERVOUS.** By GEORGE M. BEARD, A.M., M.D., formerly Lecturer on Nervous Diseases in the University of the City of New York; Fellow of the New York Academy of Medicine; Author of "Our Home Physician," "Hay Fever;" one of the Authors of "Medical and Surgical Electricity," etc. Posthumous Manuscript, edited by A. D. Rockwell, A.M., M.D., Professor of Electro-Therapeutics, New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, and one of the Authors of "Medical and Surgical Electricity, etc. Third edition enlarged. In one volume, crown 8vo., nearly 300 pages. \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York. 1891.

The philosophy of this work is based on the theory that there is a special and very important and very frequent clinical variety of neurasthenia (nervous exhaustion) to which the term sexual neurasthenia (sexual exhaustion) may properly be applied.

The long familiar local conditions of general debility in the male—impotence and spermatorrhœa, prostatorrhœa, irritable prostate—which have hitherto been almost universally described as diseases by themselves, are philosophically and clinically analyzed. These symptoms, as such, do not usually exist alone, but are associated with other local or general symptoms of sexual neurasthenia herein described.

The causes and symptoms of forty-three cases are given, followed by a chapter on Diet for the Nervous, with Treatment and Formulas.

**THE POCKET MATERIA MEDICA AND THERAPEUTICS**; a resume of the Action and Doses of all Officinal and Non-officinal Drugs now in Common Use. By C. HENRI LEONARD, A M., M.D., Professor of Medical and Surgical Diseases of Women and Clinical Gynecology in the Detroit College of Medicine. Cloth, 12 mo., 300 pages. Price, post-paid, \$1.00. The Illustrated Medical Journal Company, Publishers, Detroit.

In this volume the author claims to have incorporated everything of merit, whether officinal or non-officinal, that could be found either in standard works or from many manufacturers' catalogues. The scheme embraces the pronunciation, officinal or non-officinal indication (shown by an \*), Genitive case-ending, Common Name, Dose and Metric Dose. Then the Synonyms, English, French and German. If a Plant, the Part Used, Habitat, Natural Order, and Description of Plant and Flowers, with its Alkaloids if any. If a Mineral, its Chemical Symbol, Atomic Weight, looks, taste, and how found, and its peculiarities. Then the Action and Uses of the Drug, its Antagonists, Incompatibles, Synergists and Antidotes. Then follows its officinal and non-officinal preparations, with their medium and maximum doses, based, so far as possible, upon the last U. S. Dispensatory. Altogether, it is a handy volume for either the physician, student or druggist, and will be frequently appealed to if in one's possession. It is the most complete small book on this subject now issued.

**THE SURGICAL TREATMENT OF WOUNDS AND OBSTRUCTION OF THE INTESTINES.** By EDWARD MARTIN, M.D., Instructor in Operative Surgery University of Pennsylvania, etc., etc., and H. A. HARE, M.D., Professor of Therapeutics, Jefferson Medical College, etc., etc. 8 vo. Cloth, pp. 169. Price, \$2.00. W. B. Saunders, Publisher, 213 Walnut street, Philadelphia, 1892.

This excellent monograph is the Fiske Funde Prize Essay No. XL., and comprises the fullest statistics and most complete and reliable information yet collected in regard to gun-shot wounds of the abdomen. After a brief introduction, we find fourteen chapters on the following important subjects: Congenital malformation, Intussusception, Internal Strangulation, Volvulus, Obstruction from Foreign Bodies, Intestinal Paralysis, Chronic



Obstruction, Peritonitis, Diagnosis and General Treatment of various forms of Obstruction, Special and Surgical Treatment, Wounds and Rupture of the Intestines; following which is a report of cases of Coeliotomy for Gun-Shot Wounds of the Abdominal contents. A very full index concluding the work.

The progressive surgeon who desires to keep his information fully up with the age, will make no mistake in procuring this excellent volume.

ORIGIN, PURPOSE AND DESTINY OF MAN, OR PHILOSOPHY OF THE THREE ETHERS. BY WILLIAM THORNTON, Boston, Mass. 8 vo. Cloth, pp. 100. Published by the Author, 1891.

This is a continuation of the author's work "Rationalism in Medicine," issued in 1885. Life, a continuous aggregate, he calls the first ether; a composition of the potentialities heat, light, electricity and magnetism, the second ether, mechanical power being manifested during their activity; and a material nucleus which permits of the action of these two, forming the third ether. All bodies manifesting the second and third ethers independently of the first make up the inorganic world. Organized bodies requiring all them.

While not prepared to indorse the author's views, we can commend this little work as furnishing interesting material for careful thought.

ADDRESSES, PAPERS AND DISCUSSIONS in the Section of Practice of Medicine and Physiology, at the Forty-second Annual Meeting of the American Medical Association, at Washington, D. C., May 5, 6, 7 and 8, 1891. 12 mo. Paper, pp. 324. Printed at the office of the Association, Chicago, Ill., 1891.

This reprint from the Association journal furnished in a convenient and handy form the work of this Section at the last meeting. Parties desiring it will address the Business Manager of the Journal, 68 Wabash Avenue, Chicago, Ill.

PRACTICAL INTESTINAL SURGERY, (Physician's Leisure Library). By FRED B. ROBINSON, B.S., M.D., Professor of Anatomy and Clinical Surgery, Toledo Medical College. Vol. I., 12 mo. Paper, pp. 172. Price, 25 cents. Geo. S. Davis, Publisher, Detroit, 1891.

A very excellent little work pertaining to that department of surgery in which so much material developments have recently been made. It is indeed quite a valuable addition to the Leisure Library Series.

LECTURES ON TUMORS FROM A CLINICAL STANDPOINT, (Physicians' Leisure Library) for the use of Studentsr. By JOHN B. HAMILTON, M.D., LL.D., Professor of Surgery Rush Medical College, etc., etc. 12 mo. Paper, pp. 138. Illustrated. Price, 25 cents. Geo. S. Davis, Publisher, Detroit, Mich., 1891.

In this series of twelve lectures we find general grinciples, clinical history and treatment of neoplasms very satisfactorily considered. It contains much valuable information in acceptable shape that will be highly appreciated by the student, who has not the time or opportunity of investigating the mass of literature pertaining to the subject of tumors.

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# THE SOUTHERN PRACTITIONER

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DEVOTED TO MEDICINE AND SURGERY

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DEERING J. ROBERTS, M. D., - - - Editor and Proprietor

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## *Original Communications.*

### THE SUPPOSED CURATIVE EFFECT OF OPERATIONS, PER SE.\*

BY PROF. J. WILLIAM WHITE, OF PHILADELPHIA.

Under this title Professor J. William White, of Philadelphia, contributes a paper to the *Annals of Surgery* for August, 1891, which not only from its subjects, but from the great number of authorities quoted and from the peculiarly rich experience of the writer, makes an article of unusual interest and importance to both surgeon and physician. The author's attention was directed to this subject by reason of his experience with the operation of trephining for so-called traumatic epilepsy.

During the past five years, with Dr. D. Hayes Agnew, he has trephined in fifteen cases of supposed traumatic epilepsy, but only one recovered from the operation. The patient who

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\*Abstract of an article in *Annals of Surgery* for August, by Prof. J. W. White, M.D., of Philadelphia, supplied by Geo. D. Morton.

ished was an imbecile and a confirmed drunkard as well as an epileptic. Death occurred from suppression of urine, probably secondary to etherization.

In one case a bullet was found imbedded in the brain substance; in another an irregular portion of the internal table was dissected out from beneath the dura mater to which it was attached by cicatricial adhesions. In another there were projecting spicules of bone on the internal surface of the button removed and the adjacent portions of the skull. In two, marked sclerosis and thickening of the cranium were observed about the field of operation. In the remaining cases nothing abnormal was seen. Although this was the case, they were without exception markedly improved by trephining. In two instances even to the point of apparent cure, no return of symptoms having been observed for eighteen months, and for two years after the operation. In the other seven the results were strikingly favorable, convulsions disappearing for weeks or months, although previously of more than daily occurrence.

The author has, in so far as this is possible, classified the cases in which operation *per se* seemed to be the main factor in bringing about a cure. These are divided into three groups, in accordance with the anatomical seat of the symptoms of the supposed disease. This brings them under the following heads:

1. Operations for the relief of nervous phenomena, as epilepsy, insanity, paralysis, etc.
2. Operations for abdominal and pelvic disorders, as peritonitis, tumors, etc.
3. Miscellaneous operations.

This classification is further carried out by grouping together (a) those cases in which nothing whatever was found explanatory of the symptoms; (b) those in which some departure from normal conditions was observed, but was so light as to be apparently inadequate to explain the symptoms, (c) those cases in which an apparently grave and irremediable condition was disclosed by an exploratory operation, but notably improved or altogether disappeared after mere inspection and handling, no further surgical interference having been thought justifiable.

Under the heading of "Operations for the Relief of Nervous Phenomena," Dr. White has tabulated, including his own service, one hundred and fifty-four cases. Many of these are given in detail, and coming as they do from recognized authorities, are of exceeding great interest.

In fifty-six cases of trephining for epilepsy nothing abnormal was found to account for the symptoms. Nineteen cases were reported in six months or less after operation; eleven cases were reported from six to twelve months after operation; six cases were reported from one to two years after operation; one was reported eight years after the operation.

Twenty-five of these cases were reported as cured, eighteen as improved; in three cases it was mentioned that a relapse occurred later.

In thirty cases of ligation of blood vessels for epilepsy fourteen were reported as cured, fifteen as improved, and one died seven days after operation. In the fatal case the right common carotid artery was tied. No fit occurred after the operation.

In ten cases of castration for epilepsy all were reported as cured. One case was reported four months after operation; four cases were reported more than two years after operation; in five the time when reported is not mentioned.

In nine cases of tracheotomy for epilepsy two were reported as cured; six as improved; one as much improved, though death in this case followed in two months after the operation.

In twenty-four cases of removal of the superior cervical ganglia of the sympathetic nerve, six remained well at the end of three years; ten were improved; five remained unimproved; two died soon after the operation, but not from its direct effects.

In six cases of incision of the scalp for epilepsy nothing was found to account for the symptoms. Three of these cases were reported as cured at the end of three months or less; one was reported as cured at the end of one year; two were reported as cured at the end of two years; two other cases almost similar were reported as cured.

Twelve cases of epilepsy are reported as cured by such operations as stretching of the sciatic nerve, excision of the musculo-

outaneous nerve, cauterization of the larynx, circumcision, application of a seton to the back of the neck, tenotomy of the external recti muscles, burning of the scalp, puncture of the heart, etc.

Thirteen cases of spontaneous or accidental cures of epilepsy are also reported, at a time varying from two months to five years after the traumatism, which was a fall, a burn, a wound, an amputation for intercurrent injury or disease, etc.

Passing from the cerebral to the spinal region, Dr. White cites an illustrative case of his own. A man aged fifty-five was attacked on December 25, 1887, with severe pains in his arms and shoulders. A few days later there was weakness of the thighs spreading rapidly down the legs to the feet, and upward on the body to the nipple line. In eight days there was absolute paralysis of the parts involved, including both sphincters, while at the same time the paralyzed parts became the seat of profound anæsthesia. Girdle pains developed, bed sores made their appearance, percussion of the spine over the third and fourth vertebræ became painful. The reflexes were exaggerated, and light blows on the head in the direction of the spinal axis gave rise to frightful exacerbation of the girdle pains. In spite of every remedial measure these symptoms increased in severity for ten months. An exploratory operation was then undertaken. Dr. White removed the spines and laminæ of the first five dorsal vertebræ, opened the slightly thickened dura, separated some firm adhesions to the subjacent pia mater, explored the cord, and having failed to discover any serious pathological changes closed the wounds in the dura and soft parts.

The girdle pain had entirely disappeared by the following day, sensation began to return in the feet the day after, voluntary motion in the toes after the eighth day, and so one symptom after another disappeared until the patient completely recovered and is now earning his living by manual labor.

In the list of abdominal and pelvic disorders apparently cured by operation *per se*, a number of extraordinary cases are cited. The experience of Tait, who has more than once drawn attention to the astonishing disappearance of tumors often of large size,

after a mere exploratory incision, and the corroborative testimony of von Mosetig, are cited at length. Koenig's analysis of one hundred and thirty-one cases of tubercular peritonitis treated by abdominal incision is carefully discussed.

In response to letters of inquiry upon the subject Dr. White received many communications from prominent operators, the great majority of them containing notes of cases not previously published.

Among the signers of these letters are to be found the names of Goodell, Hirst, Battey, Roswell Park, Lusk, Cheever, Chas. T. Parkes, Cabot, Hunter McGuire, Nancrede, Weir, Stimson, and many others of equal note.

Under the heading of miscellaneous operations the author has given several of very diverse character.

First are quoted cases of osteo malacia, cured, after weeks or months of confinement to bed, by either oophorectomy or caesarean section.

Passing to another subject the question of graduated tenotomy of the eye muscles for the relief of severe nervous symptoms is carefully discussed. The author freely acknowledges the value of tenotomies both complete and graduated in the restoration of equilibrium in badly balanced ocular muscles, but he is none the less convinced that in numbers of instances of reported cures of chronic chorea, petit mal, and even delusional insanity, the effect of the operation *per se* is in a large measure the potent cause of the supposed cure. This belief is founded not alone on theory, but upon the fact that in certain cases of reflex nervous trouble a cessation of the symptoms has followed the tenotomy, although this has not produced perfect equilibrium. Again, the relapses which may take place after a perfectly successful series of tenotomies would indicate that the nervous phenomena attributed to the insufficiency, for the relief of which the operations were made, were not correctly so attributed, and that the temporary relief must be ascribed to some cause other than the restoration of an imperfect balance of the external ocular muscles.

In seeking for a reasonable explanation of the phenomena ob-

served in the above cases, the author has formulated the conditions which are common to nearly all of them. These are :

1. Anæsthesia.
2. Psychical influence or so-called mental impression.
3. Relief of tensions.
4. Reflex action or the "reaction of traumatism."

These influences were operative in a majority of cases, although not one of them except the last applies to the whole list.

With the idea that it was conceivable that a disease of the nerve centres, not reached by ordinary drugs might be affected by agents of such volatility and diffusibility as ether and chloroform the author instituted a series of observations upon a number of epileptics in various stages of the disease. All other treatment was withdrawn, ether was given to the production of full anæsthesia at intervals of forty-eight to seventy-two hours. The result was either entirely negative or in consequence of the withdrawal of the bromides the patient grew worse.

Since in the great majority of cases upon which Dr. White bases his paper, there was either undoubted symptoms such as are habitually associated with organic disease, or there was demonstrable and unmistakeable evidence of such disease, it is necessary to believe, in considering the psychical influence of operation, that powerful impressions acting upon the emotional or intellectual nature may affect the organic processes of secretion, nutrition, etc., and may arrest pathological changes and bring about reparative or recuperative action. Cases are cited in which such influences are clearly set forth.

The author holds that the normal equilibrium which we witness between the cerebro-spinal and the sympathetic systems as respects their influence upon the blood vessel is obviously more or less interfered with when the brain transmits a more than wonted impulse, allowing the unrestrained action or paralyzing the influence of the sympathetic vaso-motor nerve. In this relation the author narrates some remarkable cases of hypnotism and quotes some striking examples of the effect of the central nervous system upon the body.

Belief is expressed that in many of the cases described there



can be little doubt that relief of tension is an important factor in amelioration or cure. If it is assumed that preternatural tension exists in the cranial cavity, this would be relieved to an extent by trephining, and there would be but few exceptions to the rule that in each case something was done which lessened tension in the cavity or organ of the body. There are other cases, however, in which no such relief was obtained and yet cure resulted from operation. A diminution of the tension would manifestly alter the blood supply to any important organ in the body, and with it the nutritive processes local and general. Beyond this nothing definite can be said, except as it applies to cases of ascites in which as, in cases of hydrarthrosis. 1. tapping may prove permanently curative because the original source of irritation and hyper-secretion has already disappeared.

Under the head of reflex action, the author includes the "reaction of traumatism," as well as the effects of revulsion and counter-irritation.

Verneuil has long since shown that very slight traumatism sometimes excites in the entire economy a general perturbation, and sometimes, by selection of the weak point, a sudden aggravation or lesions that are only slight or have slumbered. This same excitement, usually prejudicial, may occasionally be curative. In the case of spinal surgery above detailed, Dr. White believes that the local shock of the operation was promptly followed by a corresponding reaction, in which the vitality of the tissues was raised sufficiently high to determine a return to the normal state. In this relation the reciprocal influence of one portion of the body on another is briefly discussed.

In considering abdominal tumors, attention is called to the possibility of the spontaneous disappearance of such tumors, the relation of this disappearance to the operation being coincidental; cases are cited in point. As to the cure or amelioration of growths thought to be malignant by merely exploratory operation, a long search through the literature of the subject has met with but little success.

The cure of tuberculosis of the peritoneum as the result of exploratory incision is explained on the ground that the removal

of ascitic fluid allows the peritoneal surfaces to fall together and to acquire adhesions. The tubercles are then shut in between the coils of intestine, the omentum and the abdominal wall. They are thus surrounded by tissues in a high degree of activity which can now throw around them the limiting zone of young cells and eventually fibrous tissue, which if the tuberculous process is not too far advanced, may effectually resist it and may cause it to retrograde, the process being analogous to that which we see imperfectly going on around a cancerous growth.

As a result of a study of the subject the author believes the following conclusions are warranted:

1. There are large numbers of cases of different grades of severity and varying character which seem to be benefited by operation alone, some of them by almost any operation.

2. These cases include chiefly epilepsy, certain abdominal tumors, and peritoneal effusions and tubercle, though the improvement in the latter is, perhaps, to be explained on general principles.

3. Of the possible factors which, by reason of their constancy, must be considered, anæsthesia seems least likely to have been effective. The other three, viz: psychical influence, relief of tension and reflex action, may enter in varying degrees into the therapeutics of these cases, and taken together, serve to render the occurrence of occasional cures less mysterious.

4. The theory of accident or coincidence scarcely explains the facts satisfactorily.

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## IS EXTIRPATION OF THE CANCEROUS UTERUS A JUSTIFIABLE OPERATION.\*

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BY JOHN H. M'INTYRE, A. M., M. D., ST. LOUIS, MO.

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According to observations made by Gusserow, Lebert, Seifert and others, the life of women affected with cancer of the womb from its first manifestation is about twenty months. It is not surprising, therefore, that a few operators attempted to gain a

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\*Read before Hodgen District Medical Society, Nevada, Mo., July 9, 1891.

greater likelihood of eradicating the disease by the removal of the entire uterus, either through the vagina or by abdominal section.

From statistics to which I have access, I find that the cancerous uterus has been extirpated about five hundred times; approximately one hundred and fifty by abdominal section, and three hundred and fifty by the vagina.

On account of the high and frightful mortality resulting from the abdominal operation—not less than 72 per cent.—it has been abandoned, except in a very small number of cases where the vaginal method is not feasible. I find but a single case reported of a woman subjected to this method of operation who lived over one year; most of them died in less than six months, and scarcely any lived a year.

Vaginal hysterectomies while not so fatal as abdominal, yet give such a high rate of mortality as to be entirely unjustifiable. Of seventeen cases reported in a large Western city nine of the cases were promptly fatal.

No less bold, skilful and successful operator than Mr. I. Knowlesy Thornton, of London, says: "The immediate results must be totally different from those at present obtained, and the after results, also, before the operation can be admitted to a place among the legitimate operations of surgery."

Lawson Tait says: "The proposal to deal with cancer of the uterus by complete removal of the organ meets with my strong disapproval;" and he further states: "My reasons are, that its primary mortality must always be heavy, and that the few cases in which the disease does not recur are clearly errors of diagnosis."

Schroeder, of Berlin, now dead, after performing hysterectomy on twenty-seven patients, says: "It is not yet to be called satisfactory, especially as far as the question of recurrence is concerned."

Prof. Olshausen, up to 1883, performed this operation twenty-eight times. Two of his patients died on the day of the operation; three of septicemia on the second and third days; one of carbolic poisoning on the second day; one of iodoform poisoning

on the sixth day, and another also died suddenly of embolism of the pulmonary artery on the sixth day.

Dr. Reeves Jackson, of Chicago, elucidated this question very clearly before the American Gynaecological Society, showing it to be a highly dangerous operation, and not productive of reasonable hope of relief.

It has been claimed by the advocates of total extirpation that when recurrence of the disease does take place the patient suffers but little toward the end of life, as the spread of the disease is upward in the pelvic cellular tissue, and the patient is saved not only from the dreadful pain, but also from the hemorrhage and ulceration.

While I do not deny that this may occasionally be true, yet I must say that I have never seen it. In cases which I have observed, the pain, foetid discharge and cachexia, were as pronounced as in those not yet subjected to this operation.

In consequence of the dangers of total hysterectomy, I therefore answer the question, Is extirpation of the cancerous womb a justifiable operation? Most unquestionably in the negative.

This being true, the question naturally suggests itself, Is there any other method of treating uterine cancer, that is at once safer in the technique of operations, and which gives assurance of longer life afterwards? I answer unhesitatingly and unequivocally in the affirmative. In proper cases for operation, and by proper cases for operation I do not mean those cases in which the disease has progressed to such an extent that the woman who consults you has already made her own diagnosis—where the ganglia, the parametrio tissues, the vagina, and indeed all the surrounding structures are infiltrated and adherent and matted together, or where ulceration is extensive.

As we all know, uterine cancer of whatever variety, in its early stages, is a painless disease. We further know, that in at least 95 per cent. it begins in and affects the cervix, and we have no reason to doubt that it is very often, indeed almost always, implanted upon a laceration of the cervix. Although it is accounted by some good authority, Briesky among them, that it is caused by friction of the cervix on the vaginal floor.

Primitive uterine cancer is very rare in the body of the womb.

In the cervix its extension is circumferential, and not upwards. Therefore the best and safest manner of its removal is through the vagina—supra vaginal amputation—together with tunnelling to a greater or less extent the body of the womb, as may be indicated or necessary, bearing in mind the paramount necessity of removing every vestige of diseased tissue.

This can be best accomplished by the use of the galvano-cautery, the knife or the hot iron, followed if need be by caustics; and which give incomparably better results, both as regards the immediate death rate and the ultimate results.

Time will not permit of a minute description of operative detail in the use of the various instruments and appliances that may be required. But I will venture to tax your patience with a description of a method of operating, which for more than ten years past I have practiced with great satisfaction, and with far better results than formerly, and to the use of which I am indebted to the late Angus MacDonald, of Edinburgh, Scotland.

After the patient has been fully anæsthetized and placed in a modified lithotomy position, he proceeds to amputate the cervix, which he does with great rapidity, with an ordinary gouge, such as is used in operations for necrosis of bone. He next introduces either a boxwood or vulcanite speculum of large size, and through it applies a paquelin cautery knife, heated to rather more than a dull red, and burns away all the diseased tissue, many times going up to the fundus, and leaving the body of the uterus a mere shell. Just before completing the operation he allows the heat of his paquelin to become a very dull red, and applies it to every part of the wounded surface, which effectually prevents hemorrhage.

It is remarkable how little pain is endured by patients who have been subjected to the operation in this manner. It would give me pleasure to report cases, but I have already occupied enough of your time. I thank you for your attention.

## MONSTROSITY AND HYDROCEPHALUS.

BY E. B. KETCHERSIDE, M. D., OF TRENTON, GA.

On June 11th, I was called to a lady who was in the last month of pregnancy. I found her unable to lie down on account of the great distention of the uterus; she was having labor pains, but as her time was not up, by about two weeks, I gave her medicine to relieve her. Three days later I was again called to see her; found her in labor, and the os uteri dilated, but she was unable to lie down until I gave her a hypodermic injection of morphine.

The uterus was so distended, round, smooth and hard, that I could not tell whether there was a foetus in it or not; there was so much water I could not feel the head until I ruptured the membranes and let the water escape, (of which there must have been at least three gallons). I then found a face presentation; made further examination to ascertain how the head lay, and to my surprise, I found there was no head. Labor progressed naturally, and in a short time I was in possession of a child without a brain cavity and having spina bifida extending over all the dorsal and cervical vertebræ; its face is where the top of its head should be; its ears coming down on its shoulders; the hair that should be on its head is down between its shoulders. The rest of its body is well formed.

The mother of this monster is a small woman about thirty years old, and has been in bad health for several years.

I have sent the monster to the museum of the Medical Department of the University of Tennessee.

I have another case under my care that I think interesting.

On April 9th, I was called to see a new born babe; it had a tumor on its back, they said, and the old lady didn't know what it was. I found it to be spina bifida, extending over two or three lumbar vertebræ. It seemed to be all right except that, though

I did not examine its head at that time. I did not see the child any more for about three months; I then heard that its head was growing too fast; I called to see it. Its head measured twenty inches around and was covered with the most luxuriant growth of hair I have ever seen on a child at that age. I examined its head, and to my surprise, found it soft and almost boneless, the occipital, frontal and nasal bones are wanting. It has had from birth a very offensive discharge from the nose. It is now nearly four months old. Its head continues to grow, but its body is small. It nurses heartily and sleeps well. The spina bifida still exists and it has convulsions occasionally. The most wonderful part to me is its living so long in this condition.

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## *Foreign Correspondence.*

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### VIENNA LETTER TO ST. JOSEPH MEDICAL HERALD.

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VIENNA, July 6, 1891.

*To the Editor:*

DEAR SIR.—As the methods of pursuing one's studies in Vienna are quite different from those in vogue at home, it may be of interest to some of the readers of the *Herald* to learn something of them, so that they may get to work with as little loss of time as possible, after arriving here. There are two kinds of courses, those given by the "privat docents" (private instructors), who are assistants to the professors, and those given by the professors. The latter are continued throughout the two semesters (sessions) viz, from October till Easter and from Easter till the middle of July. The courses of the docents last from four to six weeks; they have no fixed time of beginning or ending, but generally as soon as one such course is finished, another is begun, with a new class of students. These number from eight to twenty, according to the popularity of the teacher. The docents, who are authorized by the University to teach in this

way, obtain their clinical material from the clinics of the professors whom they assist, either out-or-in-patients being used for the purpose. Some docents, as for instance, Dr. Finger, have their own clinics.

The cost of each course is from 15 to 20 guilders (about \$7.00 to \$10.00); operating courses and those in obstetrics are higher, 50 guilders (\$25.00). With graduates, Americans, for instance, who come to study in branches, the courses of the docents are much preferred to those of the professors, generally, as there are fewer students in them, and closer access for examination is had to the patients, questions may be asked of the teachers in the midst of his remarks, etc.

It is thus seen that teaching is going on all the time here, so that one need not be afraid of arriving out of season. The season for the docents lasts the entire year.

One of the greatest advantages offered the post-graduate student here, is the opportunity for hearing the views of different men on the same subject, and at the same time putting in as much time as he likes on any one branch. Thus, on syphilis, one may in a single day hear Prof. Kaposi, Prof. Lang, Prof. Neumann, Drs. Finger, Ehrmann, Zisol, Riehl and Cihak, each demonstrating his remarks with selected clinical cases; and to hear these several teachers, one need not go outside of the Trankhenhas, and therefore loses no time going from one to another. I believe that in this respect Vienna stands alone; and to the student who has only a short time at his disposal, this is a point of the utmost importance. Americans doubtless appreciate this most; for they are without doubt the busiest and most time-economizing people on the globe.

But it requires an enormous supply of American energy to keep on going in true American style after he lives here a short time; for the blandishments of Vienna life are truly overpowering!

When, on a bright and sunny holiday, in celebration of the birth—or perhaps the death—of some old grandee whom everybody has forgotten, but whom everyone continues to honor with a genuine holiday (they wouldn't lose a holiday out of the year



here for anything, although I believe they have about seventy-five)—when, I say, on such an occasion, one feels that all Vienna in its Sunday attire has gone out to Prater to promenade or drive up and down the broad and beautifully shaded avenues, or sit in the cafe gardens laughing, chatting, drinking in the sweetest of music, as well as more substantial refreshment, he doesn't generally keep up work on his dictionary and his scientific and tough German medical book very long *that* day, but gets up and adds himself to the thousands of frolickers that have gone before.

Amongst the most interesting clinics in Vienna is that of Prof. Kaposi, and the Professor himself is one of the most popular teachers here. Rare cases of skin diseases, which we have only read about, are continually turning up there. I doubt if many of your readers have seen a *plica polonica*, a condition of the hair, in which, from seborrhœa, neglect, pediculi capitis and filth, all combined, it is matted together in a mass that resembles a discarded weaver's net; or carcinoma growing from a lupus ulcer on the face; or sarcomatous change of the entire skin of the body; or a rhino-scleroma, in which the nose has undergone indurating changes that make it feel as though it were carved out of wood; or the condition called argyria, in which, from prolonged or excessive ingestion of nitrate of silver, the skin (more especially that of the face) takes on a steel gray or silvery hue that makes one wonder whether the patient is really of flesh and blood, or is an animated silver statue. Examples of such conditions, as well as of many rare manifestations of syphilis, I have been fortunate enough to see in Kaposi's clinic during my short stay here. He also showed a case of small-pox in the amphitheatre one day, and at another time, two girls with leprosy.

He, or she, who enters this clinic as a patient must leave modesty behind; for the cutaneous surface of every patient is shown with a completeness that leaves no doubt in the mind of the investigator as to whether he has seen all of the lesions or not. Though female nurses are in attendance, male patients are stripped entirely; and females usually disrobe as low as the waist, and then, if necessary, as high as the waist. In Vienna the cause of science must not be sacrificed to the cause of prudery. In the

venereal clinics the female nurses usually apply the dressings to chancres, chancroids, etc., on the genitals of either sex. In Dr. Grunfield's endoscopic clinic the nurse is frequently able to give a friendly pointer to the timid student, as to the size of tube appropriate to individual cases.

A feature in connection with Kaposi's course, which is of great assistance to him and equally advantageous to his students, is his seemingly inexhaustible supply of lithographs of all kinds of affections of the skin. Having inherited, I suppose, a great number of these from his father-in-law, Hebra, he has been continually adding to them, so that now his collection is valuable in the extreme. With respect, I am, etc.,

BRANSFORD LEWIS, M. D.

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## *Selections.*

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SOMNAL—A HYPNOTIC.—Since I have been placed on the Committee on New Remedies, and in view of the fact that I am always desirous to keep up the interest of this Society by promptly responding to any task that may be set before me, I write this brief paper on a remedy that is not new to all of you, but some of you may not yet have tested its merits in that most annoying and often intractable symptom—insomnia.

The remedy I refer to is Somnal. I show you here a sample of it. It is, as you see, a colorless liquid, resembling chloroform in its appearance and behavior when added to cold water, in which it forms globules, and refuses to mix or dissolve. When shaken with water the mixture is milky, but quickly separates. It is soluble in hot water and alcoholic solutions, and dissolves resinous substances and fats. The odor is rather delightful, and resembles somewhat that of spirits of nitrous ether. The taste is pungent, and for administration it needs free dilution. When whisky is not objectionable, or alcohol, it can be dissolved in either, to which water can then be added until the taste is not

## SELECTIONS.

unpleasant. The taste can be disguised well in syrup of  $\frac{1}{2}$  or licorice.

Somnal is inflammable, and burns with a flame resembling alcohol. Somnal can be said to be a new remedy, for it was brought to notice by Radlauer, of Berlin, in the fall of 1881. It is formed by the union of chloral, alcohol and urethane; it is not simply a mixture of these bodies. It differs from chloralurethane by the addition of  $C_2H_4$ , its formula being  $C_2H_4ClO_2N$ . The dose ranges from fifteen to thirty drops. In action it resembles chloral in quickness of effect and naturalness of the sleep produced. No marked depressing influence is exerted upon the pulse or respiration, though it is noticed that the breathing becomes slower and the pulse slower and fuller, during natural sleep.

I have used this drug in upwards of thirty cases, and in no instance did I find any disagreeable after effects. The head remains clear on waking, and the stomach unaffected. No exciting or relaxing effect follows its issue. The kidneys are slightly quickened. No increase of dose is called for, however long you use the remedy. Usually two doses are sufficient. I have the habit of giving the first dose at 8 o'clock and the second at 10. A night's rest usually follows. In aggravated cases of insomnia I order a third dose administered at 2 A. M., if the patient is wakeful.

The sleep is very natural. It does not, like chloral, depress the heart, irritate the stomach and produce morning drowsiness or disturb the gait, dull the sensibilities and irritate the stomach, which is often the case when sulfonal is used. In a form of insomnia which accompanies general neuralgic pains this remedy almost invariably relieves the pain and provokes a restless

In the fretfulness of nervous people who cannot sleep, in certain cases of melancholia agitata, hysteria, hypochondria, puerperal mania, I have found this remedy preferable to any other.

I have no experience in using this drug in the sleepless children, nor have I witnessed its results in the acute febrile cases. I believe that this remedy stimulates the gastric m

membrane, and by so doing relieves nausea and pain often, and improves the appetite, and regulates the bowels.

Its power of relieving nausea and accumulation of gas in the stomach is very pronounced. I have in three instances administered it in small doses during the day for this purpose. The results were exceedingly satisfactory. As it is rapidly eliminated from the body, it may be administered each night or a number of days without any possibility of ill effects.

I am fond of old remedies; I take up new ones cautiously; but in my efforts to give refreshing and restful sleep to the sleepless and worn-out nervous cases that come under my call, I was ready to put this new remedy into immediate use, and I have done so with the results given above.—*Irving D. Wiltrout, M. D., in N. W. Lancet.*

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**LOCAL TREATMENT OF DYSENTERY.**—There seems to be in modern medical thought a very strong tendency to consider disease as constitutional rather than local. I do not doubt but that there are one or more forms of dysentery dependent upon the presence of poisons in the blood, but I feel very confident that the dysentery, as we see it ordinarily in this climate, is essentially a local inflammation, independent of any blood poisoning. If this be true, the disease should be especially amenable to local treatment. It is true that the ordinary treatment, which seems not to be local, really owes much of its efficiency to a local influence. Thus, the purgative acts by a purely local depletion; the mercurial, or the ipecac, by a local stimulation of the glands involved; whilst the bismuth spreads itself upon the mucous membranes and by its local action lessens inflammation. It has seemed to me, however, worth while to draw the attention of practitioners to the value of the direct application of remedial agents to the affected parts.

Many years ago I published a series of cases of chronic dysentery, demonstrating the extraordinary efficiency of forced enemata containing one-half a drachm to a drachm of nitrate of silver dissolved in two or three quarts of water, and further experience has corroborated all that I have said. Indeed, from time to time

have appeared papers in the medical journals proposing the treatment as both novel and efficacious.

In acute dysentery, involving the colon high up, I have found large enemata, containing two to three drachms of subnitrate of bismuth, much more efficient than the exhibition of bismuth by the mouth. When the symptoms are severe, this local treatment may often be preceded with advantage by washing out the colon with large quantities of cold water. I have never used injections of nitrate of silver in acute dysentery, although the effect of the local application of the nitrate in other inflammations of mucous membranes would justify trial of the remedy. I have seen, in one or two cases, large enemata of very hot water injected without affording relief, and believe that hot water enemata are, in their ordinary results, not at all comparable with large injections of ice-cold water.

When the lower part of the colon is affected, the local use of ice sometimes has an almost marvellous effect. I have, indeed, seen the whole aspect of a very severe and alarming case, in which the symptoms indicated that the colon was affected high up, changed in a single hour by the continuous use of *ice suppositories*. While it is not necessary to have the pieces of ice entirely regular in shape, care should be exercised that no sharp edges are left. The suppositories should be rapidly used, one being put into the rectum every three to five minutes, so as to get, for at least half an hour to an hour, the effect of the continuous application of cold.

When the tenesmus is very severe, iodoform suppositories are often much more efficient than opium in bringing relief.

A remedy which has been from time to time recommended very highly in dysentery, but has not, I think, been much used, is ergot; and when the passages contain large quantities of blood, or are nearly pure blood, the extract of ergot would seem to be indicated. I have never myself used ergot by the mouth in these cases, but have employed suppositories containing twelve grains of extract of ergot and four grains of iodoform, used every two hours until four or five suppositories had been taken with, seemingly, great advantage.

I do not mean to advocate the local treatment of dysentery as a substitute for the use of mercurials, purgatives and ipecacuanha, etc., but as a very important adjuvant to the older forms of treatment. Nevertheless, in my experience, the effect of local remedies has been more prompt and decided than that of drugs given by the mouth; but in cases of any severity the attack upon the disease may be made from each end of the mucous tract.—*Prof. H. C. Wood, M. D., in Univ. Med. Mag.*

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**THERAPEUTIC USES OF TWO REMEDIES.**—Dr. Beverly D. Harrison, in *Medical Age*, says: Some months ago my attention was drawn to two new remedies placed upon the market under the names of Campho-Phenique and Chloro-Phenique. Having procured samples, I have given both a thorough and extended test in my public and private practice, and it now affords me very great pleasure to add my testimony to that of so many others, to their value in practical therapeutics.

As parasiticides and antiseptics they are, in my experience, without rivals. Of Campho-Phenique, I can say that it would be difficult to enumerate all the diseases and conditions in which I have found it to be "just the thing." Undiluted, as a dressing for wounds, burns, scalds, etc., I have found it more truly and reliably antiseptic and anæsthetic than any other agent with which I am acquainted.

In dermatology, in the majority of cases, it is superior to iodoform or aristol.

It is the ideal antiseptic in the treatment of diseases of the throat and nose. Especially is it useful in catarrhal conditions of the fauces, used either as a spray or by inhalation. In gynecological practice it is also most valuable.

As a non-toxic, non-irritant and reliable germicide, for washing out the cavities, Chloro-Phenique has no equal. I have used it in several cases of chronic cystitis, washing out the bladder thrice weekly with twenty-five per cent. aqueous solution, and in each case a cure was speedily effected, although they had previously been treated without much benefit with boro-salicylic lotions, permanganate of potash, nitrate of silver solution, etc.

In dressing wounds, burns, etc., I have used Chloro-Phenique gauze (made by saturating cheese-cloth with Chloro-Phenique), and I have found the dressings more surely antiseptic than any gauzes on the market, besides being entirely non-irritating. In the treatment of two cases of typhoid fever, with excessive tympanitis, I injected Chloro-Phenique well up into the colon (using a stomach pump for the purpose), the result being a rapid reduction of the tympanitic condition.

Finally, I have used Chloro-Phenique successfully as an anti-ferment in dyspepsia, and as an injection in gonorrhœa—healing *tuto, cito et jucunde*.—*Medical Summary*.

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CREOLIN IN DYSENTERY, SEROUS DIARRHŒA, AND, SUMMER COMPLAINT.—Believing that many unrecorded bits of experience would be of use to the practitioner if published, I wish to call attention to the value of creolin as used by enema in dysentery and allied conditions.

The spring of 1890 in Philadelphia was marked by a considerable prevalence of acute dysentery of a typhoid character in scattered localities. It occurred to the writer while searching for a safe and efficient antiseptic to use creolin. It evidently occurred to others in the same way, for, after using it for some time successfully, I noticed in a current journal a quotation from a Russian source, wherein its use was advocated for the same complaint. In regard to personal experience, the small epidemic enabled me to employ it during the month of June, 1890, on twenty-three cases. These were of all grades. Some at the beginning, others almost exhausted; but in all but one the use of a large enema, containing one-half of one per cent. of creolin—one drachm to a pint—was followed by results quite surprising. One of the worst cases, a girl of 12, in the fourth day had had between thirty and forty stools, bloody, shreddy, and fetid, and, after an enema at 7 P. M., did not require the pan, had no stool or attempt, slept quietly all night, and had a formed movement in the morning. This, as in all cases, without any other medication. Another, a boy of ten, seemed moribund, but after an enema, the number of mucus stools, which had been in the previous

twelve hours thirty-five or forty, was reduced to one, and after a subsequent enema normal passages occurred. This child's two brothers were attacked during my second visit with violent symptoms. An enema was administered to each, and no subsequent sign of the disease occurred at all. In short, all the cases recovered, in whatever stage they were, from the commencement of the treatment. Contrasting this with the usual course of dysentery, and its exasperating uncertainty, even with the saline treatment, one can claim that so far creolin is without an equal. The one exception puzzled me for some time, until I discovered that the mother, ignorant of how to use an enema, had simply omitted it, and lied.

But from this use of the creolin to another was but a step. As the season advanced numerous cases of "summer complaint"—colitis and entero-colitis—occurred as usual, and it occurred to the writer to try the same method. These were infants, and the amount of creolin was reduced to one-half drachm to a pint of warm water, and twice a day the bowels were flushed with a gravity syringe. Here the result was also everything that could be expected. Bearing in mind that it was not employed in the cases of *sudden* onset, bounding and rapid diarrhoea, which are called cholera infantum, but in the more frequent, equally dangerous, but more protracted cases, where diarrhoea sets in, keeps up, and gradually wears out the infant, with recurring exacerbations, till finally often the so-called cholera infantum extends with such violence as to destroy what little resistance and life remain. In short, wherever there was diarrhoea, with green and bloody or mucus stools, undigested curds, etc., the remedy, when faithfully used, rapidly restored the natural character and frequency to the evacuation, and the immense improvement to the child showed that besides remedying the catarrhal process, there must be also something to be credited to the washing out of deleterious secretions.

Having little or no dysentery to treat up to this date, 1891, I have been employing the remedy in these cases this year with the same success. I would also note that during the winter occasionally in young infants I met with cases of sudden and rapidly-ex-



hausting diarrhœa. All of these, which were treated in this way, three in all, were so treated after the usual medication had failed and with rapid success, and I think that there is enough in it to warrant calling attention to it and the giving it a further trial.—*Edward W. Watson, M.D., in Therapeutic Gazette.*

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**MANUAL DELIVERY IN HEAD-LAST LABOR.**—When Diogenes was asked for a definition of walking, he rose from his seat and walked. So, in considering the manual management of labor when the head comes last, usually cases of pelvic presentation, the narration of the conduct of such a case recently under my care may serve to illustrate the essential points in this delivery.

Mrs. —, primigravida, had spontaneous rupture of the membranes at the end of pregnancy; the amnial liquor, at first escaping with a gush, gradually dribbled for some twelve hours before labor came on. I found the pelvis presenting, the sacrum of the foetus being at the right sacro-iliac joint. I had the patient remain lying down, hoping that thereby some of the liquor might be retained, and thus the child's life be less imperilled. At the end of eight hours the os was fairly dilated. Without much difficulty I got my finger over the right, that is the anterior, ankle, and grasping it between the finger and the thumb, gently drew it externally, thus ending the double flexion of leg and thigh. No further effort was made to deliver at that time, the sounds of the foetal heart being normal. In half an hour the breech was pressing the pelvic floor, and the dilatation of the vulval orifice began. There being no indication furnished by the condition of the foetus for immediate delivery, I waited another half hour, lessening the amount of ether, which the patient had been taking quite freely.

Just before the pelvis emerged, its delivery being assisted by slight traction upon the limb which had been brought down, I had the patient placed across the bed, her feet resting upon chairs, and the anæsthetic was discontinued. Vigorous pains and avoidance of traction secured the arms in their normal position upon the chest, in other words, neither arm ascended. With the expulsion of the chest rotation of the face into the sacral cavity

was assisted by a corresponding movement of the body. Next the ankles were grasped with the fingers and thumb of one hand, the body and lower limbs thus lifted up in a nearly perpendicular direction, two fingers of the other hand placed in the mouth and traction made upon the lower jaw, while the nurse was instructed to make constant supra-pubic pressure. The flexion of the child's head upon the chest was chiefly secured by pressure upon inferior maxilla, but this was assisted by traction upon the child's lower limbs, for thus the occiput was made to press upon the unyielding pubic joint, contributing to rotation of the head upon its transverse axis, and assisted also by the external pressure. The child made an inspiration, the fingers in the birth canal and the pressure opening the mouth, the entrance of air was facilitated. By pressure and traction the head was soon delivered, and the child in a few minutes was crying vigorously; it weighed nearly eight pounds, and it has continued well, now some two months. The perineum suffered no injury.

The last fact will be considered first. That the perineum, if not usually, is untorn when the head comes last, has long been a common observation. But I think it is only comparatively recently that the true reason for this exemption could be given: the perineum does not tear because it does not elongate, and it is not stretched longitudinally, because one or both limbs brought down by the obstetrician prevent it: a thinned perineum greatly increased in length is almost sure to tear, no matter what the presentation, for the material for lateral stretching is used in longitudinal, and thus is not available.

When the rupture of the membranes occurs in a primigravida several hours before labor begins, the chances that the child, if the pelvis presents, will be still-born are great. Nevertheless, the fortunate result that occurred in the case which has been reported leads me to hope that a similar practice may lessen foetal mortality.

The points that I would like to emphasize in the conduct of the case, hoping that their consideration may be helpful at least to some practitioner, are, first, the abstinence from interference until the os is completely dilated, and then simply bringing down one

foot, never, even though this is done, hastening delivery by traction on that foot, unless the condition of foetus or mother demands immediate action, for such ill-timed traction will frequently result in ascension of the arms, which means delay in delivery at a critical period, the liability to injurious pressure upon the cord, and quite possibly fracture or fractures in restoring the displaced members. Next, if an anæsthetic is used, let it be discontinued when the time approaches for immediate delivery of the head, lest the voluntary efforts of the patient may be lessened. The position of the patient should be that which will facilitate the manipulations of the obstetrician. Let the two fingers used to secure head flexion be passed within the mouth, so that they will press upon the lower jaw, and not applied externally upon the upper jaw, because by the former method the entrance of air into the child's lungs is best assisted, should it make an inspiration. For the reasons that have been given in the report, I much prefer that the nurse should make supra-pubic pressure, and not the obstetrician, one of his hands being used to raise the child's body, and to use moderate traction through the grasp upon the ankles, while two fingers of the other hand draw upon the lower jaw in the method described. In one of the manipulations just mentioned, the method pursued differs somewhat from that generally advised, but I believe the difference, though apparently slight, is of importance.

Several different ways of delivering the head having been advised, it seems to me best, after reflection, to state that the one generally regarded as superior, which has been thus spoken of in this paper, and which Winckel states will soon supersede all others, is that known as the Wigand-Martin method, and is thus described by him: "The first and second fingers of the hand whose palm corresponds to the face are introduced into the mouth, and the lower jaw is directed to the middle of the pelvis, after which the body is placed astride of the arm, and then the foetal head is forced down through the small pelvis by pressing upon the occipital region. The seizure of the chin serves less for traction than for directing the passage of the head outward, which latter is accomplished mainly by the expression." In this manip-

ilation the obstetrician works without assistance; but in that which I have suggested the external pressure is made by the nurse, while with two fingers of one hand in the mouth of the foetus the former makes flexion, guidance and traction, and assists, too, by drawing upon the lower limbs, both flexion and delivery. —*Prof. Parvin in Annals of Gynecology and Pediatrics.*

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**THE TREATMENT OF HÆMOPTYSIS.**—In a paper published in the *Zeitschrift für Therapie* for April 1, 1891, Prof. Nothnagel calls attention to the fact that the most essential feature in the treatment of hæmorrhage from the lungs is that the patient should be kept absolutely quiet, should not be allowed to speak, the room should be kept at a moderate temperature, and he should eat nothing warm, and his food should be of the most readily digestible character, cold milk being preferable to anything else; and, in fact, Prof. Nothnagel advises that for two days the diet shall be confined solely to cold milk. It used to be taught that coughing was of assistance in removing the blood from the bronchi, but this is now recognized as being an extremely hurtful teaching, and the first attention should be directed towards suppressing coughing, and for this purpose morphine is the chief remedy. When the hæmorrhage is only moderately severe, nothing further need be given to the patient than morphine; but when, as occurs in many cases, the hæmorrhage does not spontaneously cease, then other remedies have to be given.

At first Prof. Nothnagel calls attention to the remedies which ought not to be given, remedies which have been frequently recommended, and which yet may produce most disastrous effects. First of all in this connection he calls attention to the sesquichloride of iron. This as is readily comprehensible, is only of use as hæmostatic in external hæmorrhages, and then likewise only when those hæmorrhages come from capillary vessels. Even in the hæmorrhage which may follow the extraction of a tooth, it must be used with the greatest care. As is well known, this remedy causes coagulation of the blood, and so leads to the formation of a thrombus, while its constricting action on the blood-vessels is so slight as not to be worth attention. When given

internally, even if it is absorbed, which is extremely doubtful, it must form other combinations, and then will only produce the action of any other iron preparation which evidently would lead to an increase of the bleeding; and it is an old rule, but a good one, that individuals with a hæmorrhagic tendency must be very cautious in the use of iron preparations. As a consequence, then, the internal use of the solution of sesquichloride of iron is neither theoretically nor practically of the slightest use. The same remarks apply to tannic acid and alum. These remedies only serve to constrict the blood-vessels when applied in dilute solutions. So also inhalations of all kinds should be strictly prohibited on account of the more vigorous respiration which this mode of treatment entails, and the consequent danger of increasing the hæmorrhage instead of diminishing it. When however, a violent hæmoptysis is to be treated, two substances are named, which may be of great service. The first of these is ergotin, which acts on the unstriped muscular fibre of the blood-vessels, and which may be given both internally and subcutaneously; the second remedy is the acetate of lead, which may be given in doses of from  $\frac{1}{2}$  to  $\frac{2}{3}$  grain. There is still another remedy which might be employed with some prospect of success, although Nothnagel states that he has as yet had no experience with it, and that is *Hydrastis Canadensis*. Atropine also, in subcutaneous injections of 1-64 grain, has likewise been claimed to do good. As to the use of common salt, given in teaspoonful doses, it is not clear as to whether the arrest of hæmorrhage, so frequently reported to follow its employment, are coincidences or consequences of the treatment. At any rate, it can do no harm, and may do good, when nothing else is obtainable. As regards the application of cold externally, Nothnagel is very doubtful as to its value; for, in the first place, it is very uncertain as to whether the cold either directly or reflexly will succeed in producing vascular contraction at the affected part; and in the second place, the application of cold to the surface of the thorax produces direct coughing, and coughing is certainly much more dangerous than the possible constricting value of a cold application.

Finally, Nothnagel alludes to the heroic measure of bleeding from a vein to arrest hæmorrhage from the lungs, a proposition based upon the observation that a violent hæmorrhage in leading to syncope often causes the arrest of bleeding. Of course such a procedure as bleeding for a hæmorrhage from the lungs can be dismissed without discussion.—*Ther. Gaz.*

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ANTIPYRIN IN THE TREATMENT OF PLEURAL EFFUSIONS.—At a recent meeting of the Societe Nationale de Medicine of Lyons, Clement (*Lyon Medical*, May 10, 1891) commended the value of antipyrin in the treatment of acute and chronic pleural effusions. The drug, to be effective, must be given in doses of about fifteen grains every four hours, and continued in somewhat smaller doses for several days after the disappearance of the effusion, a result which he states may be expected in from one to four days. Purulent or bloody effusions are not favorably affected, and when the pleural cavity is completely filled, Clement prefers immediate resort to paracentesis. He is at a loss to explain this singular effect of the drug upon any other ground than its specific action upon inflammatory processes, the kidneys or skin never having shown sufficient overactivity to account for the rapid subsidence of the effusion.—*Univ. Med. Mag.*

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THE TREATMENT OF SPRAINS.—Dr. N. W. Cady, of Logansport, Ind., writes: "A recent number of the *Record* promises fame to the man who gives an unfailing remedy for sprains. Here it is in two words: A half-hour's douching with water at a temperature of 120 degrees F., and the fixation of the joint by a splint on the flexor side of the joint, or upon the extensor side, if that be more convenient. For example, in a case of ankle sprain, after a half hour's steady douching with hot water at 120 degrees F., I prepare an anterior splint of ten to sixteen layers of mosquito-bar, which is thoroughly filled by immersion in wet plaster of Paris. This is trimmed by spreading it on a board and cutting to shape with a knife. The length may be thirteen to sixteen inches, breadth four to six inches. Where the splint passes over the instep the edges on each side are folded over to

make the splint narrower and thicker. A layer of cotton is then spread over the face of the splint and the splint is applied from the base of the toes to a point about half-way up the leg and carefully secured and moulded by a narrow roller bandage. While the plaster hardens, hold the foot in whatever way is easiest to the patient. There is rarely any further complaint of pain if the splint fits neatly. This, with perfect rest, constitutes the whole treatment, which should continue at least a week, or until all extravasation is absorbed. Fourteen years' experience and observation of results obtained by other methods satisfies me that it is the best and most rational treatment.—*Medical Record*.

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HYDRASTIS CANADENSIS IN NIGHT SWEATS.—Dr. Cruse relates in the *Allg. Med. Zeitung* an observation made on the above-named drug. On giving hydrastis canadensis in a case of hæmoptysis, he observed that the night sweats did not come on as usual. The patient was in the last stage of phthisis. In another case in which all the usual remedies had been tried for night sweats, atropine, ajarceine, sulphonal, ergot, with success only on commencing each drug, slight hæmoptysis came on and led him to order hydrastis, when the sweats disappeared. These observations led him to try hydrastis for the night sweats themselves. He gave thirty minims of the liquid extract, and always with complete success, and what is more, the sweats kept off when the hydrastis had been omitted for three weeks.

He met with similar good results in a number of other cases. Whether the effect will be at all lasting he does not pretend to say; he, however, recommends a trial of it.—*Medical Press and Circular*.

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POISON OAK.—Dr. James J. Levick (*Med. News*, July 25th) reports a new use for aristol. In a case of poisoning of the hands from rhus toxicodendron—poison oak—recently under his care, which had reached the vesicular stage and was attended with much swelling and burning, the happiest results promptly followed free dusting of the powder of aristol on the affected parts. The change was almost magical, so sudden and so prompt was



the relief afforded. He asks: Might not this powder, applied in the early stage of the disease, do much toward preventing the ulceration and pitting of variola?

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**REMOVAL OF MOLES.**—Moles on the face are now being successfully treated by the use of sodium ethylate. The mole is painted with the sodium ethylate, a fine glass rod being used. When the mole has a varnished look, the ethylate is gently rubbed in with the glass rod to make it penetrate more deeply. The mole turns nearly black, and a hard crust forms over it, which is nearly three weeks in becoming detached. When it comes off, the mole is much lighter than before, and this treatment can be continued until the mark is scarcely noticeable.—*N. Y. Medical Times.*

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**VENEREAL WARTS.**—M. Ciro Urriola recommends a mixture of salicylic acid 2 parts and acetic acid 30 parts in the treatment of venereal vegetations. The mixture is applied with a fine camel's hair pencil once or twice daily. Usually but two or three treatments are required to cause the greater portion of the vegetations to disappear. The writer claims that the application causes but slight and transitory pain, and that it is preferable to all other modes of treatment.—*Journ. Am. Med. Association.*

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**A NEW METHOD OF DIAGNOSING CERTAIN CORNEAL AFFECTIONS.**—F. T. Smith, M. D., uses Flourescein or Flourescin—they are closely related chemically, clinical effect about the same, almost insoluble in water, addition of bicarbonate sodium increases solubility, chemically incompatible with cocaine hydrochlorate, and closely related to resorcin. They are coal tar products. Use the following formula:

R. Flourescein (or flourescin) gr. v.  
Sodii bicarb, - - gr. iij ss.  
Aqua purae, - - oz. ss.

M. et ft sol.

This solution produces no effect on healthy or inflamed eye unless there is abrasion of corneal epithelium. If abrasion of cor-



nea be present a greenish discoloration appears. The application is painless—does not irritate the most sensitive eye.

This test is useful in locating foreign bodies in cornea. The discoloration lasts from one to six hours, and gradually disappears. —*Alabama Med. and Surg. Age.*

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NITRITE OF AMYL IN CHLOROFORM ANÆSTHESIA.—Two recent deaths from chloroform administered for anæsthetic purposes direct attention anew to the various methods of resuscitation when dangerous symptoms appear. Of these methods none seems more promising than that in which nitrite of amyl is used. Dr. F. A. Burrall, of New York, believes that there is an essential antagonism between this drug and chloroform, and in a letter to the *Medical Record* refers to ten instances in which life was doubtless saved by the amyl. He sums up his views in these words: "In deciding upon remedial measures we must depend on both the observations of scientists and the teachings of clinical experience. With such light thrown upon the action of chloroform, let us suppose that a patient who is inhaling chloroform suddenly develops dangerous symptoms. Of such symptoms a tendency to fatal syncope is the most frequent. What conditions are present under such circumstances, and what shall be done to avert a fatal issue? We may hold that the cerebral vessels are contracted, and the central nervous system is losing the blood supply on which its activity depends. Circulation and respiration are faltering and death may occur suddenly at any moment. It is not a time for the application of any one method or remedy, but all the usual aids, as well as the reserves, of science should be immediately employed. The first indications are to revive circulation and respiration, since what arouses one seems to awaken the other. I think that, as nearly simultaneously as possible, the head should be lowered, the neck extended, nitrite of amyl given hypodermically or by inhalation, and artificial respiration practiced by the Sylvester method, since this method is the most convenient. It should not be forgotten that pressure on the abdominal aorta increases the blood pressure in the carotid. If asphyxia be present, it would seem that the neck should be

extended and the head raised higher than the feet."—*Brooklyn Med. Jour.*

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THE PRODUCTION OF DIABETES MELLITUS BY EXTIRPATION OF THE PANCREAS.—M. E. Hedon, in the *Journal des Societes Scientifiques* for November 4, 1890, mentions von Mering and Minkowski's experiments on this subject, the results of which coincide with his own. In twenty-two experiments he invariably detected sugar in the urine on the very next day after the total extirpation of the pancreas, and the amount of sugar augmented progressively with the number of days after the operation. The average amount of sugar was 50 in 1,000, and in one dog 15 kilogrammes in weight it reached 95 in 1,000. With the sugar in the urine the whole train of symptoms of diabetes mellitus was present, and the animals usually succumbed within a period of from twenty to thirty days after the operation. The author never succeeded in inducing diabetes by injecting paraffin into the canal of Wirsung. To induce diabetes it is necessary to extirpate the pancreas *in toto*; this was confirmed by an experiment in which the vertical portion of the pancreas was extirpated, and no sugar could be detected after most careful urinary analysis. At a second operation only a very small portion was left intact, with the same negative results. At a third operation the last portion was removed, and twenty-three hours after the operation 31 parts of sugar in 1,000 were found in the urine. Though queer, the author says, it is a fact that the small portion of pancreas, which was sclerotic and adherent to the other tissues, apparently did the work of a whole gland.—*N. Y. Med. Jour.*

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THE ICE PITCHER is a great comfort in the sick room or any other room such nights as we are having just now, when the mercury is close up to 100°. But to make the ice last well take a cardboard box a little larger than will cover the pitcher, put several newspapers on outside and inside of the box, sew them lightly but firmly to the box, then a neat muslin or other cover on the outside and a handle to it, and your ice water will remain

cold and the ice last twice as long as in the uncovered pitcher.—*Pharmaceutical Record*.

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**THE TREATMENT OF FISSURED NIPPLE.**—Dr. Barton Hirst, of Philadelphia, in the *University Medical Magazine* for March, advises the use of an application of equal weights of castor oil and subnitrate of bismuth in the treatment of fissure of the nipple. The nipple and adjacent parts should be thoroughly washed and disinfected before applying the ointment. One of the advantages of this application is that it need not be removed if it becomes expedient for the child to nurse at that breast. The ointment makes a smooth and flexible coating, which not only serves as an efficient protective but tends to reduce the pain and reflex irritation. For the mammary engorgement and pain that so frequently occur when the nipple becomes fissured, he advises the employment of lead water with laudanum, in addition to the ordinary sling-compress. The entire breast should be covered with a cloth wet with the lotion, and the application should be repeated at short intervals. This line of treatment ordinarily prevents the formation of abscess. It is best to allow the unaffected breast alone to be nursed, and the milk from the affected side can be drawn off with the breast-pump. If it is imperative that the infant shall nurse at the fissured nipple, a glass shield with a rubber tip may be used.—*N. Y. Medical Journal*.

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THE following is said to have happened in a certain Bible class at a very noted female college in Virginia:

Lady Teacher—Miss Annie, what do you understand by the word "circumcision" used in to-day's lesson?

Miss A.—It is taking the scalp off of a male baby when eight days old.—*So. Med. Record*.

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**INTERSTITIAL HEPATITIS.**—Dr. Luigi Toralbo, writing in the *Gazzetta Medica di Roma*, recommends the employment of potassium iodide and the observance of a modified milk diet in the treatment of cirrhosis of the liver.—*Med. Record*.

## *Editorial.*

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### WHAT PREPARATION OF MALT WITH COD-LIVER OIL SHOULD BE PRESCRIBED AND DISPENSED?

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The earnest attention of physicians is invited to demonstrated facts regarding the quality of the preparations of malt with cod-liver oil in the market determined by the report of the chairman of Committee on Adulteration of the New York Pharmaceutical Association, read at the recent 1891 meeting.\*

Dr. Eccles analyzed the three best known preparations of cod-liver oil in the market, number one, Trommer's; number two, The Maltine Co.'s; number three, Parke, Davis & Co.'s, and reached the conclusion already arrived at by an analysis previously made of these same products by Prof. R. H. Chittenden, of the Sheffield Scientific School of Yale University, that only one of these products, and that number three was true to the claim made by its makers as to the percentage of cod-liver oil.

We quote verbatim from Dr. Eccles' report as follows:

"There are but three well-known makers of this preparation, and the variation in its title renders it impossible to conceal their identity even if deemed necessary. A bottle of each was purchased in the open market and submitted to examination for the purpose of ascertaining the per cent of oil. A rumor being afloat of some departure from honorable dealing in the composition of two of these products, spicy revelations were anticipated, and we have not been disappointed. When a chemist seeks sophistication in a food or medicinal

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\*Report of Prof. Robert G. Eccles, M.D., Government Chemist for the Inspection of Medical Supplies for the Department of the Interior, Official Chemist of the United Retail Grocers' Association of Brooklyn, Chairman of a Sub-committee on the Pharmacopœia, Member of the Executive Committee of the Chemical Section of the Brooklyn Institute, Ex-president of the New York State Pharmaceutical Association, Honorary Member of the California College and State Pharmaceutical Association of the Nation, that of New Jersey.

## EDITORIAL.

product, he never expects to find a dear article used to a cheap one. If dame rumor can be credited, something li been laid at the door of two manufacturing establishments very amusing about the matter is, the fact that one firm in the truth of the charge, although our analysis acquits the singular conduct. Cod-liver oil is cheaper than malt extract the substitution of the latter for the former could not be d act of economy by any one. Every preparation should be claim, whatever the cost of the respective ingredients. If a timent has gone abroad among medical men, to attempt this sentiment verbally while contradicting it practically, is, least, bad policy.

"One of your committee has practically found that phth tients do well on this preparation when the proportion of oi if not too small, while they do not do so well on those goc the greatest per cent. of oil. This has been put to the test present examination began. Full doses, where the quantit large, were found to annoy the patient through regurgitation the smaller proportion was at once assimilated.

"The label on number one claimed a composition of 40 of oil and 60 per cent. of extract. It is therefore nearly 20 short of its own claim."

Inasmuch as the chemist of the State Dairy Commission about a year ago made a report not in harmony with these fa report the Trommer Co. made use of to depreciate Parke Co.'s preparation of malt with cod-liver oil, and widely circ the intent of disparaging this product and advertising the gives us much satisfaction to quote the opinions of these t guished chemists, Professors Chittenden and Eccles, in sub of the claims made by this well-known house, who desire their friends among the medical profession that their produ tained its reputation for excellence, and to request physicians it in their prescriptions in preference to that of other man

A complete copy of Prof. Eccles' report will be sent phy application to Parke, Davis & Co.

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DR. J. B. S. HOLMES has made arrangements to open a f ped and extensive sanatorium for the treatment of diseases at Rome, Ga. He is well and favorably known to the me

fession of his State and throughout the South, and by a practical experience of some years devoted to this special branch is eminently qualified to care for any cases entrusted to his charge.

The location of his establishment in the garden spot of the great empire State of the South, noted for its salubrity and enjoyableness of climate, its access by leading railroad lines, the building large and handsome, and most handsomely furnished, with beautifully shaded and attractive grounds, with drainage of grounds and building as near perfect as can be made, make this one of the most complete and excellent institution of its kind in the South.

He refers, by permission, to some of the leading and most reliable members of the medical profession in Georgia, and his association and connection with the regular members of the profession has been most satisfactory. He is a member in good standing of the Georgia Medical Association, and has satisfactorily filled the offices of Vice President and President of the same.

A careful reading of his advertisement is respectfully requested.

---

THERAPINE is a combination of "synthetical coal tar derivatives," and is one of the best analgesic and antipyretic remedies recently suggested. A trial of it in neuralgia, headache, rheumatic pains, etc., has been most satisfactory. Dr. Ambrose Morrison, of this city, says:

"I am much pleased with Therapine, and consider it a reliable antipyretic and analgesic, not followed by apparent ill effects."

It is also highly commended by other leading practitioners of this city. Its freedom from cardiac depression and other ill effects highly commend it.

For further information or samples apply to Albemarle Chemical Co., 115 Fulton street, New York, or their Southern Depot, Nashville, Tenn.

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A NEW FOOD.—Lacto-Cereal Food is a new product recently put on the market by Reed & Carnrick, of New York.

It is prepared from milk, cereals and fruit, and is not only palatable, but highly nutritious and easily digested.

Great progress has been made in recent years in making foods to meet various indications. The Lacto-Cereal Food is especially prepared for invalids, the aged, and for convalescents who need a palatable, digestible, perfect food for building up waste tissues at the least possible expense of digestive effort.—*Dietetic Gazette*.

THE AMERICAN GYNECOLOGICAL SOCIETY will hold its fifteenth annual meeting in the lecture room of the Columbian University, Washington, D. C., Sept. 22, 23 and 24. Dr. A. Reeves Jackson, of Chicago, is the President, and Henry C. Coe, of New York, Secretary. From a very extensive programme just received a most excellent meeting is assured. Quite a number of the leading Gynecologists of America are now on the list for scientific and practical essays; the discussions as usual will be instructive, and there will be a lunch at the Arlington each day after the morning session for the Fellows and invited guests.

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THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION will hold its seventeenth annual session at the Pickwick Theater, Washington and Jefferson avenues, St. Louis, October 14, 15 and 16. A full programme of interesting papers has been prepared, and provision has been made for the fullest, freest and most complete discussion of the same.

The local profession of St. Louis is a unit to the end that every visiting physician shall be received and welcomed in a regular warm-hearted, St. Louis style.

The subscribers and readers of this journal are cordially invited to attend.

The same qualifications for membership are requisite in this Association as for the American Medical Association, the former being subordinate to the latter. If eligible, you and your friends, together with your wives and families, are most cordially invited to visit St. Louis and enter into the scientific work and the social pleasures as you may desire.

I. N. Love, M.D., is Chairman of the Committee of Arrangements.

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THE Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion, General Debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals.

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SANDERS & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sanders, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

THE AMERICAN SURGICAL ASSOCIATION will hold its annual meeting in the main hall, Grand Army Building, Washington, D. C., Sept. 22, 23, 24 and 25, 1891. C. H. Mastin, of Mobile, Ala., President; J. R. Weist, of Indiana, Secretary. From the programme already issued papers and essays will be offered by Stephen Smith, A. G. Gaston, A. Vanderveer, Fred. S. Dennis, L. A. Stimson, of New York; D. Hayes Agnew, J. William White, O. H. Allis, D. F. Willard and J. Ewing Mears, of Philadelphia; N. Senn, of Milwaukee; C. B. Porter and E. H. Bradford, of Boston; Levi C. Lane, of San Francisco, and others. The President's address will follow the roll call on the first morning's session.

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ANTI-KAMNIA CHEMICAL CO., St. Louis, Mo.—Gentlemen: After using continuously in my practice eight ounces of Antikamnia, pure and simple, in all the diseases for which you recommend it, I assure you, unsolicited, that it has fulfilled every promise you made.

After nearly twenty-five years of hospital and private practice, I would rather abandon morphine than Antikamnia, which I also consider an unequalled febrifuge. Indeed its antipyretic qualities are wonderful in reducing the temperature.

I have never had a patient object to taking the dry powder on the tongue, nor had one complain of feeling the slightest malaise after its administration. I know I am making sweeping assertions, but you should know the truth, so as to be encouraged in your work. Truly,  
CALEB LYON, M.D.

Rossville, Staten Island, July 16, 1891.

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MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION.—This is obtainable, at any time, by a member of any State or local Medical Society which is entitled to send delegates to the Association. All that is necessary is for the applicant to write to the Treasurer of the Association, Dr. Richard J. Dunglison, Lock Box 1724, Philadelphia, Pa., sending him a certificate or statement that he is in good standing in his own Society, signed by the President and Secretary of said Society, with five dollars for annual dues. Attendance as a delegate at an annual meeting of the Association is not necessary in order to obtain membership. On receipt of the above amount the weekly Journal of the Association will be forwarded regularly for one year.



# FRELIGH'S TABLETS

(Cough and Constituent),

## For the Prevention and Cure of

# PULMONARY PHTHISIS

### FORMULÆ.

#### COUGH TABLETS.

##### EACH TABLET CONTAINS.

Morph. Sulph. [1-50 gr.], Atropine Sulph. [1-500 gr.], Codeia 1-50 gr., Antimony Tart. [1-25 gr.], Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox, and Lachesis, fractionally so arranged as to accomplish every indication in any form of cough.

#### Constituent Tablets.

##### EACH TABLET CONTAINS.

Arsenicum [1-50 gr.], Precipitate Carb. of Iron, Phos. Lime, Carb. Lime Silica, and the other ultimate constituents, according to physiological chemistry [normally] in the human organism together with Caraccas, Coca and Sugar.

### Price, Three Dollars Per Double Box.

Containing sufficient Tablets of each kind to last from one to three months according to the condition of the patient.

#### *A Connecticut physician writes:*

"I am now using your Tablets on a patient (young lady), who has had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morr., Syr. Hypophos. Co., etc., with no apparent benefit."

#### *A Virginia physician writes:*

"Enclosed find Postal Note for another double box Freligh's Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

#### *A Massachusetts physician, in practice 25 years, writes:*

"Send me two double boxes Freligh's Tablets. I have tried the sample box with most excellent results."

#### *A Michigan physician writes:*

"I am more than pleased with them. They have not disappointed me once. Dr. C. for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

### SPECIAL OFFER.

While the above formulæ have been in use, in private practice, over 30 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes, (retail price, Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card, letter-head, or some proof that the applicant is a physician in active practice, MUST accompany each application. Pamphlet, with full particulars, price-list, etc., on request.

## A PHOSPHORIZED CEREBRO-SPINANT.

(FRELIGH'S TONIC.)

Our Special Offer is still open, to send to any physician, on receipt of 25 cents, and his card or letter-head, half a dozen samples, delivered, charges prepaid. Each sample is sufficient to test it for a week in one case.

As we furnish no samples through the trade, wholesale or retail, for samples, directions price lists, etc., address,

**I. O. WOODRUFF & CO.,**  
**MANUFACTURERS OF PHYSICIANS' SPECIALTIES,**  
 88 Maiden Lane, New York City.

# GASTRIC DERANGEMENTS.

## **Horsford's Acid Phosphate.**

Unlike all other forms of phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypophosphites, etc., the phosphates in this product are in solution, and readily assimilative by the system, and it not only causes no trouble with the digestive organs, but promotes in a marked degree their healthful action.

In certain forms of dyspepsia it acts as a specific.

DR. H. R. MERVILLE, Milwaukee, Wis., says: "I regard it as valuable in the treatment of gastric derangements affecting digestion."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

**Rumford Chemical Works, Providence, R. I.**

**Beware of Substitutes and Imitations.**

**CAUTION:** Be sure the word "HORSFORD" is PRINTED on the label. All others are Spurious. NEVER SOLD IN BULK.

## **THEO. TAFFEL,**

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# **SURGICAL INSTRUMENTS,**

**AND**

## **APPARATUSES FOR DEFORMITIES.**

**Keeps on Hand**

**Surgical Instruments, Trusses, Shoulder Braces, Elastic  
Stockings, Abdominal Supporters, Crutches.**

**Rubber Goods, and all Surgical Appliances.**

**—Surgical Instruments Scissors and Razors Ground.—**

All kinds of Repairing and Polishing promptly attended to.

Orders by mail given prompt attention.

**181 N. College Street, - NASHVILLE, TENN.**

**Will remove October 1st to 153 N. Cherry Street.**

I very cheerfully give my testimony to the virtues of a combination of vegetable remedies prepared by a well-known and able pharmacist of this city and known as DIOVIBURNIA, the component parts of which are well known to any and all physicians who desire to know the same, and therefore have no relation to proprietary or quack remedies. I have employed this medicine in cases of dysmenorrhœa, suppression of the catamenia, and in excessive leucorrhœa, and have been much pleased with its use. I do not think its claims (as set forth in the circular accompanying it) to be at all excessive. I recommend its trial to all who are willing to trust to its efficacy, believing it will give satisfaction. Respectfully, JNO. B. JOHNSON,  
Prof. of the Principles and Practice of Medicine, St. Louis Med. College.

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THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION will hold its first annual meeting at the hall of the College of Physicians, corner of Locust and Thirteenth streets, Philadelphia, Pa., Thursday, Friday and Saturday, September 24, 25 and 26, 1891, under the Presidency of Dr. G. Betton Massey.

Physicians interested in the discussion of electricity in medicine are invited to attend without further notice.

HORATIO R. BIGELOW, M. D.,  
Chairman Executive Council.

WM. H. WALLING, M.D., Secretary,  
2005 Arch street, Philadelphia.

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THE never-tiring representative of a Louisville firm wended his way into our office and presented us with the most widely represented Alterative Tonic yet offered. After apologizing for giving us a lecture on the "Activity of Iron, Arsenic and Mercury combined," he wended his way on to the next office, feeling certain that his "Three Chloride Elixir" will be prescribed, and it certainly will.

---

PEACOCK'S BROMIDES.—I had a confirmed case of epilepsy on hand, having from five to twenty fits a day. I tried Bromide Pot. and Chloral, and while this treatment reduced the attacks considerably, it did not compare with the effects of Peacock's Bromides. I am just in receipt of a letter from the patient's father asking me to send him some more of that medicine for his child, saying that he has not had a fit in three weeks. T. P. STEELE, M. D., Black Mingo, S. C.

I HAVE used Katharmon in numerous instances of late as an anti-septic, and am greatly pleased with its action. I shall continue its use in the future, and from the well known physiological and therapeutic properties of the several drugs entering into its formula have great expectations from its employment. — *Waldo Briggs, M.D., Professor of Clinical Surgery, Beaumont Hospital Medical College, St. Louis, Mo.*

W. C. JONES, M.D., Yorktown, Ill., says. Have found that S. H. Kennedy's Extract of *Pinus Canadensis* is a remedy of superior excellence in gonorrhea. It seems to be a true specific. I first used it in a case which had withstood the action of our most popular remedies. Immediate relief and cure followed from the local use of S. H. Kennedy's Extract of White *Pinus Canadensis*.

#### GONORRHEA. —

R. S H. Kennedy's Ext. <i>Pinus Canadensis</i> .....	2 oz.
Glycerine .....	1 oz.
Port Wine .....	2 oz.
Hydrastia Sulph .....	4 gr.
Aquæ Destill .....	2 oz.

THE NEW ENGLAND MEDICAL MONTHLY having attained the mature age of ten years has come out in a dandy souvenir edition for September. It looks as slick and as shining as "Brer" Wiles' head, and needs only to be seen to be appreciated. May its shadow never grow less.

## Reviews and Book Notices

[The books and publications reviewed in this journal may be procured from the publishers, or through the editor of this journal, or Messrs. Hunter & Welburn, or the Wheeler Publishing Co., of this city.]

TRANSACTIONS OF THE THIRTY-FOURTH ANNUAL SESSION OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI, held at Excelsior Springs, Mo., May 19, 1891. 8 vo., Paper, pp. 177. Tiernan-Havens Printing Co., Kansas City, Mo.

From this publication we learn that the last meeting of the Missouri Medical Association, was in every way satisfactory and

highly enjoyed by the members in attendance. Following the minutes of the meeting we have the excellent address of the President, Dr. A. B. Sloan, of Kansas City, and quite a number of excellent papers from the leading members of the medical profession in Missouri. It is in every way a creditable production and shows that Missouri Doctors are well up with this progressive age.

T. E. Prewitt, M. D., of St. Louis, was elected to preside over the Association at the next meeting, which will be held at Pertle Springs.

TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION, Twenty-third Annual Session held at Waco, Texas, April 28 to May 1, 1891. 8 vo., Cloth, pp. 278. Clarke & Courts, Printers, Galveston.

Although the volume of Transactions of the Lone Star State is not as large as some of its predecessors, its contents compare favorably with any in regard to progress and material value.

The President, Dr. W. P. Burts, of Fort Worth, in his annual address very philosophically and learnedly discussed the important subject of "Life."

The papers read in the Sections on Practice, Obstetrics, Gynecology, Surgery, Jurisprudence, etc., are valuable contributions, and are well worthy of preservation in this excellent volume of transactions. While we regret the resignation of our active and energetic friend Daniel, we can heartily congratulate the Association on the selection of Dr. H. A. West, of Galveston, who will hereafter have charge of the Secretary's desk. Dr. W. H. Wilkes, of Waco, was elected President, and the next meeting will be held in Tyler, on the fourth Tuesday in April, 1892.

STORIES OF A COUNTRY DOCTOR. By WILLIS P. KING, M. D., with Illustrations by T. A. FITZGERALD. 8 vo., Cloth, pp 397. Price \$1.00. Hummel & Parmele, Publishers, 612 Drexel Building, Philadelphia, 1891.

Messrs. Hummel & Parmele have brought out a very handsome second edition of Dr. King's very readable, humorous and in-

teresting little work, the first edition of which we were pleased to call the attention of our readers to some months ago. Those who have not seen it will never regret the investment of one dollar in so entertaining a volume.

**THE POCKET ANATOMIST.** Founded upon Gray. By C. HENRI LEONARD, A.M., M.D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology, in the Detroit College of Medicine. Fourteenth revised edition, containing Dissection Hints and Visceral Anatomy. Detroit, Mich., 1891. The Illustrated Medical Journal Co., Publishers. Cloth 297 pages, 193 Illustrations. Price, postpaid, \$1.00.

This book is issued on thin, though nicely glazed paper, and takes up but little room, though 300 pages in thickness. The plates introduced are photo-engraved from the English edition of Gray, and are therefore exact; most of them are full-paged, and where they are not, they are grouped together so as to save as much thumbing as possible. The useless "questions" are absent in this work, and their room given to needed illustrations or terse descriptions of the minor parts found in the several dissections made. The chapter given to "dissection hints" gives the lines of incision necessary to best expose the underlying organs, arteries, nerves or muscles. The chapter on "Gynæcological Anatomy" can be found only in the more expensive work of Savage. The pronunciation of each anatomical term is given, be it artery, vein, nerve, muscle or bone. Over 100 pages are devoted to the anatomy of the special organs and viscera. The book has been honored by a re-printing in England after some three thousand copies had been sold over there by the American publishers.

**THE MOTHER'S HAND-BOOK:** A Practical Treatise on the Management of Children in Health and Disease, with an Appendix on Diseases and Accidents that may suddenly happen to grown persons. By LEVIN J. WOOLEN, M. D. 8 vo., Cloth, pp. 419. Everett-Waddey Co., Publishers, Richmond, Va., 1891.

The author who has had thirty years experience in town and country practice, has written this work with the hope that the

information contained will be of use to mothers and others charged with the responsibility of children, and has endeavored to make it a useful guide, particularly to those who live in the country or small towns, where medical advice cannot always be promptly attained.

From his preface we quote the following:

"While directions are given for the administration of medicines in simple cases, and when emergencies require prompt action, it has been the aim of the writer to discourage the mother from assuming the functions of the physician and undertaking to treat, by means of drugs, diseases of a serious or complicated character."

We are glad to see that in his directions for treatment, the writer has confined himself to a few reliable remedies, rather than confusing by suggesting a large number. The important subject of infant feeding has been fully considered; and the suggestions in regard to accidents and emergencies in cases of adults cannot but prove of value.

The work is excellently printed and handsomely bound, and contains much valuable and practical information.

PRACTICAL INTESTINAL SURGERY, (Physician's Leisure Library). By FRED B. ROBINSON, B.S., M.D., Professor of Anatomy and Clinical Surgery, Toledo Medical College. Vol. II., 12 mo. Paper, pp. 206. Price, 25 cents. Geo. S. Davis, Publisher, Detroit, 1891.

The second volume of this valuable addition to the Leisure Library Series fully justifies the favorable opinion formed of its predecessor as stated in our August number. Dr. Robinson is to be congratulated on so graphically elucidating the important points of intestinal surgery.

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SANDERS & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sanders, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

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# THE SOUTHERN PRACTITIONER.

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DEERING J. ROBERTS, M. D., - - Editor and Proprietor

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## *Original Communications.*

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### ACUTE OPIUM POISONING.\*

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BY DEERING J. ROBERTS, M.D.

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"A short way over the long route via opium, or one of its alkaloids," would, perhaps, be more in accordance with the sensational head-lines to which the secular press, in its diurnal appearance, is prone in this progressive age. The subject of acute opium poisoning, suggested by your Committee on Essays, is more than *apropos* at this time, if we take the mortality reports of the Health Department of this city as a guide, for by looking over the records for the current year we find that no less than eleven deaths have already occurred from poisoning by some form of opium, morphia sulphate having the predominance over the crude drug or its other alkaloids or preparations, thus giving us in our 76,369 inhabitants a death rate of 1.29 per 1,000 per annum.

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\*A paper read at the Nashville Academy of Medicine September 24, 1891.

Of all the many drugs that are embraced in any of our works on *Materia Medica* and *Therapeutics*, there is, perhaps, not one that is so universally used in each and all the branches, specialties and departments of medicine as opium or some of its preparations. Its sedative, anodyne, hypnotic, anti-spasmodic and astringent properties are so valuable, so marked and so potent, that there are but few pathological conditions in which it cannot at some time be used with advantage. In fact, it has only become too popular as a remedial agent, and is by far too indiscriminately used by both professional and non-professional citizens of this country. . You can hardly find a country cross-roads store that does not order regularly and keep on its shelves one or more preparations of this important drug—so potent for evil as well as good ; yes, quite as regularly and certainly is it to be found as the most staple articles of commerce.

A few words of prophylaxis at the beginning of my remarks may not be untimely or out of place. Our law-makers should certainly see that opium or its preparations should only be sold on proper authority, and every person purchasing should be registered by the dealer. Dealers in the drug should always see that it is dispensed in such a vial, or receptacle, as would render mistakes next to impossible. The popularity of late years, and the almost universal use of its sister alkaloid, of great value, but of less harmful and lethal qualities, Quinia, the great resemblance in gross characteristics of Sulphate of Morphia and Sulphate of Quinia, the dispensing of both in drachm vials of exactly similar shape and appearance, has occasioned a fatal mistake in more than one instance under my own personal observation.

In the history of Toxicology we find that the root "tox" can be traced back to a very ancient word meaning "bow," or "arrow;" or in its widest acceptation, some tool or implement used for slaying, hence it is by no means a far-fetched supposition that our first poison-lore was that of septic poisons.

From Blyth's work on Poisons we learn "that the history of the *poison-lehre*, like all history, begins in the region of the myths; that there was a dark saga prevailing in Greece, that in the far North existed a land ruled by sorcerers—all children of

the sun—and named *Ætes*, *Perses*, *Hecate*, *Medea* and *Circe*. *Hecate* was the daughter of *Perses*; she was married to *Ætes*, and their daughters were *Medea* and *Circe*. *Hecate* was the discoverer of poisonous herbs, and learned in remedies both evil and good. Her knowledge passed to *Medea*, who narcotised the dragon, the guardian of the golden fleece, and incited Jason to great undertakings." The poets were fond of describing *Hecate's* wonderful garden, with its lofty walls, and thrice folding doors of ebony barring the entrance, which was guarded by terrible forms, only the initiated few, and those who bore the leavened rod of expiation and the conciliatory offering of *Medea* could enter the dread sanctuary. The Egyptians were well versed in poisons, knowing the properties even of hydrocyanic acid in the Third and Fourth Centuries. From them a knowledge of its deadly properties passed to the Romans, and the death of *Tiberius*, a Roman knight accused of treason, who swallowed a poison and immediately fell dead at the feet of the Senators, can only be thus accounted for. The Greeks used poison as a means of capital punishment, and looked, indeed, upon suicide by poison as something noble.

*Dioscorides* (40–90, A. D.) mentions opium as a poison, and *Nicander of Colophon* (204–138, B. C.) in a treatise, described the properties of opium, together with henbane, certain fungi, colchicum, acronite and conium. As antidotes he recommended those medicines which excited vomiting—lukewarm oil, warm water, mallow, linseed tea, etc.

The *Papaver Somniferum*, though believed to be a native of Asia, grows wild in the South of Europe, and even in England, its seeds having been supposed to have been brought there at a very early period. It was cultivated by the Greeks, and is mentioned by *Homer* as a garden plant. The use of opium, the concrete juice of the unripe capsules, though unknown to *Hippocrates*, can be clearly traced back to *Diagoras*, who was nearly his contemporary, and its importance has ever since been gradually advanced by succeeding physicians of different nations. Its extensive practical utility, however, may be dated to the time of *Sydenham*, who made much and varied use of it, and many of

his observations remain standard at this day. With the beginning of the present century much attention was devoted to the chemical constitution of opium. It was by researches into the nature of this substance that chemists were led to the discovery of those vegetable alkaloids, which, as the active principles of the plant in which they are found, have attracted so much attention and been applied so advantageously to the treatment of disease. To Sertürner, an apothecary at Eimbach in Hanover, belongs the credit of having opened this new and most important field of experiment.

In 1803 M. Derosne made known the existence of a crystallizable substance which he had discovered in opium, and which he erroneously believed to be the active principle. In the following year Seguin discovered another crystallizable body, which experience has proved to be the true narcotic principle of opium; but he did not fully investigate its nature, and no immediate practical advantage accrued from his excellent analysis. About the same time Sertürner was engaged in a similar investigation, and published results in a German journal, without, however, attracting general attention; and it was not until 1817, when he announced the existence of a saline compound in opium, consisting of a peculiar alkaline principle united with a peculiar acid, and clearly demonstrated the precise nature of a substance, which, though previously discovered by Seguin and himself, had as yet been but vaguely known. To the alkaloid, in which he correctly conceived the narcotic powers of opium to exist, he gave the name of Morphium, from the mythological God of Sleep, Morpheus; this has subsequently been changed to Morphia, in order to render it analogous to other subsequently discovered alkaloids. The acid he called meconic, from the Greek name of the poppy. The correctness of his statements was confirmed by Robiquet, who also satisfactorily demonstrated that the substance obtained by Derosne, and called by him *the salt of opium*, was a principle altogether distinct from morphia, though supposed to possess considerable influence over the system. In the belief of its narcotic powers, Robiquet denominated it *narcotine*, a title which it still retains. As the years rolled on, chemist after

chemist, in assay after assay, added to the number of the opium alkaloids, and the end is not yet, though twenty or more have been placed on the list. The following is a list of the constituents which have been found in opium :

Morphine, Narcotine, Narceine, Codeine, Thebaine, Papaverine, Apomorphine, Apocodeine, Pseudomorphine, Cadamine, Ladenine, Ladanosine, Protapine, Cryptopine, Lanthonine, Hydrocrotanine, Opianine, Cnoscopine, Rœadine, Meconidine, Meconin, Meconic Acid, Thebolactic Acid, Fat, Resin, Caoutchouc, Gummy Matters (vegetable mucus), Ashes, containing the usual constituents. It contains a larger number of basic substances than any plant known. Morphine and narcotine are those which are toxicologically important, the others in many instances being mostly, mere pharmaceutical curiosities, though many have more or less action upon man and animals.

The Sulphate of Morphia, having attained a greater degree of popularity, and being cheaper than the acetate or muriate by about 20 per cent., comes more frequently under the notice of the toxicologist than either of those salts; and the smallness of the dose required, together with physiological and therapeutical advantages over the other alkaloids and preparations of opium, give it its unpleasant popularity as the most frequently adapted and resorted to for traveling the "short way over the long, long route," "from whose bourne no traveler returns."

Opium and its preparations, though occasionally, is not as frequently resorted to as a homicidal agent as some other lethal drugs and measures that are quicker in their action, or more easy of administration. The bitterness of the morphia salts, the bitter and acrid taste of other preparations of opium, are calculated to attract the attention of the unwitting victim; though morphia and some of the alcoholic extracts and preparations of opium have occasionally been administered in convivial potations with felonious intent.

Opium and its preparations demand the attention of the physician more frequently when used accidentally and unintentionally, or as a means of *felo de se*.

Among the officinal preparations that have occasionally re-

sulted fatally from an overdose of the opium contained may be mentioned Camphorated Tincture of Opium, or Paregoric, containing one grain of Opium to the f℥ss.; Ammoniated Tr. of Opium, 1 gr. to 96 minims; Pulv. Kino. Comp., 1 gr. to 20 grs.; Pil. Opii at Plumbi, 1 gr. to 8 grs. Tr. Opic (Laudanum), 1 gr. to 14 minims; Deodorized Tr. of Opium, equal to Laudanum; Pulv. Ipecac Comp. (Dover's Powder), 1 gr. in 12 grs.; Confectio Opii, 2.4 per cent.; Extract of Opium, gr. for gr.; Liquid Extract of Opium, about 4 per cent.; Liniment of Opium—equal parts of Soap Liniment and Laudanum, equivalent to about 3.7 per cent. of dry opium; Compound Soap-pills, 1 gr. of Opium in 5; Ung. Opii et Gallæ, 6.3 per cent.; Opium Wine, 22 grs. to the fluid ounce. Syr. of Poppies, about 1 gr. to the ounce.

Of the patent and other non-official preparations that in too many instances are used as domestic or household remedies, may be mentioned Godfrey's Cordial, made on a large scale, and of somewhat variable strength and composition, usually containing about 1½ grs. of opium to the f℥; Grinrod's Remedy for Spasms contains 1 gr. Morphia Murias in every 6 ounces, Nepenthe about the same strength as laudanum; Black Drop., an acetic acid solution of the constituents of opium, about four times as strong as laudanum, M'Munn's Elixir, about the same as laudanum, and Battley's Sedative about four times as strong. Dalby's Carminative, 2½ drops of laudanum to the ounce; Chlorodyne, 8 grs. Morphia Murias to 10 f℥. ; Mrs. Winslow's Syrup contains quite enough to be labeled *dangerous*. There is not a city, town or village in the land, or country cross-roads store, with its chalk or charcoal and clap-board sign announcing the sale of sugar, coffee and flour, cheap, at which one or more of these deadly preparations, or the more deadly Sulphate of Morphia, may not be procured for a small amount of ready cash, and no questions asked. This is a more important subject for the consideration of the duly elected law-maker than the changing of a county line.

I shall not weary you with a recital of the physiological and therapeutical effects of opium; they are readily found in any of our standard text-books, with which you are all familiar; nor

will I take up your time with stating the tests and re-agents for its detection, which are all matters of text-book literature.

In its action, we mean in poisonous doses, we find at least three different forms prescribed.

1. The *common form*, as seen in about 99 per cent. of cases.

2. A very *sudden form*, in which death takes place with fearful rapidity, called by the French the *foudroyante* variety ; and

3. A very rare, entirely *abnormal form*, in which there is no coma, but convulsions.

In the sudden form we can only attribute its action to some individual idiosyncrasy ; as we all know that the effects of opium vary very widely in many individuals.

The convulsive form is, perhaps, due to a like cause ; that is, individual idiosyncrasy in regard to some of the alkaloids, possibly to narootine, which though it is poisonous only in rather large doses, is mainly convulsive in its action. Thebaine also produces convulsive action of a decidedly tetanic character, and to a personal peculiarity in regard to one or both these substances we may attribute the peculiar effects noted only at rare and occasional intervals.

It is with the common form with which we have most to do, and in the brief time allotted to this paper I will devote myself to that. In from half an hour to an hour, or possibly in a shorter time after an overdose, the time varying on account of the solubility and absorbability of the particular form of the drug used, the first symptoms commence, the pulse is quickened, the pupils soon become contracted, the face flushes, and the hands and feet are reddened, evidencing a quickened capillary circulation. This stage presents some of the appearances of the excitement due to alcohol. The ideas are quickened, there is a sense of exhilaration, and for a short time there is anything but a feeling of sleepiness. This stage, although usually quite brief as a result of an overdose, and sometimes quite transient indeed, or even wanting, or not perceived, some passes into the next stage of stupor or heaviness. If the dose has been quite large and absorption rapid, the second stage may be the one to first attract attention. There is now an irresistible desire to sleep, the control of the limbs is

rapidly lost, the patient staggers like one fully under the influence of alcohol, and if any of the alcoholic preparations have been used, or the alkaloid taken in some alcoholic beverage, the odor of the breath may at this stage occasion an error in diagnosis. The pulse and respiration now become slower; the conjunctivæ are reddened; the face and head flushed; there may be great irritability of the skin and the eruption of nettlerash. If the poison has been taken by the mouth emesis may occur, the bowels are constipated, and control of the bladder is lost. The pupils are still more positively contracted.

In the third stage the narcosis deepens into dangerous coma; the patient can no longer be roused by noise, shaking or external stimuli; the breathing is loud and stertorous in most instances, occasionally very feeble, suspirious, the exhalant action being prolonged beyond the inhalant, and the respiratory movement is painfully slow to the observer, falling to 12, 10, 6 and even 4 to the minute, until the intervals will become so extended between each respiratory act, that the onlooker will deem each one to be the last. The face now becomes pale, in fact pallor is now the characteristic of the entire cutaneous surface, which is bathed in clammy, sticky perspiration. The body is helpless, immovable, the limbs retaining any dependent position in which they may be placed, the conjunctiva of the eyes becomes insensible to the rudest touch, in fact there is a state of complete anæsthesia. The pupils contracted to a pin's point may dilate a few hours before death. Death occasionally drops the curtain by convulsive movements. A short while prior to death the pulse becomes accelerated, but weaker and weaker, compressible, and finally is not to be found in the radials or elsewhere. Death is due to asphyxia, the nerve centers controlling respiration being paralyzed, the respiratory movement no longer occurs, and the carbon dioxide overloading the blood, the heart's action becomes more and more feeble, until it finally ceases.

In the *National Dispensatory* we find the following summary of symptoms:

“In narcotism by opium, when an excessive dose has been taken, no stage of excitement occurs; giddiness is speedily followed by insensibility and immobility, the respiration is slow



and stertorous, and then scarcely perceptible; deglutition is suspended; the pupils are extremely contracted, the face is pale and cadaverous; the muscles of the limbs are relaxed. Vomiting sometimes occurs, but more usually in fatal cases coma continues until death, which is sometimes preceded by convulsion."

Dr. John Biddle, in his excellent work on *Materia Medica and Therapeutics*, tenth edition, says that "when a poisonous dose is taken the stage of excitement is wanting; giddiness and stupor rapidly come on, with diminution in the frequency, though not in the fulness of the pulse; and these symptoms are soon followed by an irresistible tendency to sleep, and finally coma. The breathing is heavy and stertorous, the pulse slow and oppressed, and the *pupils are contracted*. If relief is not afforded, the pulse sinks, the muscular system becomes relaxed, and death ensues, preceded sometimes in children by violent convulsion. One-sixth to one-half gr. of morphine and 4 grs. of opium have caused death."

Waring says "that in toxic doses the resulting sleep gradually grows deeper, the breathing becomes heavy and stertorous, the face is flushed, swollen and dusky, the pupils contracted to mere points, distension of the right side of the heart still further prevents the return of blood from the engorged lungs, and paralysis of the respiratory center finally causes death by suffocation. Much difficulty may occasionally attend the diagnosis of opium poisoning from (1) alcoholic coma, where the pupils are usually dilated; (2) from uræmic coma, where an examination of the urine, if practicable, might clear up our doubts; and (3) from apoplectic effusion in the pons varolii, where the symptoms are usually so similar as to make an absolute diagnosis under certain circumstances impossible."

I have made this citation of authorities in regard to the semiology, for it is of great importance that an early, correct and positive diagnosis be made. Time cannot in many instances be taken for a chemical investigation of the matters vomited, or the remains of any potion or powder to be found in the vicinity of the patient, though when permissible it should not be deemed unworthy of consideration. In some instances there is but little if

any doubt to be entertained by reason of a definite and detailed history of the case. In others we have but little to guide us other than the appearances of a person in a deep state of coma. The contraction of the pupils is so uniform a condition that it is regarded very justly as an important diagnostic factor; yet it may be wanting a short time, varying from a few minutes to a few hours before death. Effusion into the pons varolii is generally accompanied by this condition, and occasionally where a correct and satisfactory previous history is unattainable, a post-mortem perhaps, will only settle the doubt. In epilepsy the spasmodic attack preceding the coma, injuries on the face from the fall, the bitten tongue, and in nearly all instances the dilatation or irregularity of the pupils suffice. With regard to chloral, chemical investigation may be required. In alcoholic coma, the odor of the breath, and the more frequently dilated or slightly mobile pupil are important factors. With regard to narcosis from other drugs and coma from other causes, a thorough study of all the features presented are to be carefully considered, briefly perhaps, but thoroughly and earnestly.

In the treatment of acute opium poisoning, I will first give a short synopsis of some of the leading authorities, with a special consideration in detail subsequently of some of the most important suggestions.

Dr. John Biddle, in his text-book on *Materia Medica and Therapeutics*, recommends the immediate evacuation of the stomach mechanically, or by large doses of emetics—double the ordinary size. Zinci Sulph. xx—xxx grs. Cupr Sulph. v—x grs. Powdered mustard in tablespoonful doses, or powdered alum one-half to one teaspoonful. Apomorphine 1.16 gr., hypodermatically. Use every means to arouse the patient and keep him awake, cold affusion, counter irritation to nape of neck and extremities, flagellation of hands and feet, the electro-magnetic battery, and artificial inflation of the lungs. Advises strong coffee and stimuli to support the system. He strongly advocates the administration of atropine, preferably hypodermatically, giving 1.40 to 1.60 gr. when signs of failure of respiration appear, repeating it in fifteen to thirty minutes. Depends more upon the

condition of the respiration than appearance of the pupil or depth of coma. The poisonous action of opium, he says, being entirely directed to the nervous system, no local lesions are found after death.

Jno. H. Maisch : Recommends évacuants preferably by mechanical means (stomach pump), ambulatory treatment. Stimulants, (strong coffee, brandy, etc.,) cold affusion, atropine.

Waring—Manual of Practical Therapeutics, 4th edition, 1886, advises to empty stomach as soon as possible by stomach-pump, or emetics, Zinci Sulph. ʒj ; tablespoonful of sinapis pulv. in warm water. If patient cannot swallow, these may be given by rectum ; (?) suggests apomorphia hypodermatically. Rouse the patient ; prevent sleep by all means, keep him walking about, apply cold douch to the head, dash cold water on face and chest ; flagellate extremities with wet towel, apply galvanism, and as a last resource, artificial respiration.

Hot, strong, black coffee or strong tea, ad libitum. If patient can swallow give animal charcoal freely.

In regard to antagonism between Opium and Belladonna asserted to exist by Bell, Anderson and others he quotes Dr. Harley who has the following conclusions: " 1. That the evidence of antagonism, in any given case is inconclusive. 2. That, taken individually or collectively, the cases (of which he furnishes a full table) show that belladonna has no influence whatever in accelerating the recovery from the poisonous effects of opium. 3. That the essential effects of the action of opium are both intensified and prolonged by the concurrent action of belladonna. 4. That belladonna is powerless to obviate the chief danger of opium poisoning—i. e., the depression of the respiratory function. 5. That the combined action of opium and belladonna are the same, whether given in medicinal or toxic doses. While, therefore, belladonna cannot, in any sense, be regarded as an antidote against opium, but in large doses the exact reverse, it may, when the heart shows indication of failing power, be used in conjunction with other remedies, and always in very small doses, as a means of aiding recovery. Waring also quotes the following conclusions from Dr. J. Hughes Bennett: 1. That sulphate of

atropine is, within a limited range, physiologically antagonistic to meconate of morphine. 2. That meconate of morphine does not act antidotally after a large dose of atropine, thus, while atropine is an antidote to morphine, morphine is not an antidote to atropine. And 3. That meconate of morphine does not antagonize the effect of atropine on the branches of the vagi supplying the heart."

Waring also says "when opium has been given for any length of time, or when a large dose has been given, a period of exhaustion or sinking invariably occurs within 12 to 24 hours after the drug has been discontinued."

Blyth, in his work on poisons, recommends the evacuation of the stomach by the pump, washing it out with hot, strong coffee, leaving in the organ a pint or more. If the stomach-pump is not at hand use apomorphine subcutaneously, or mustard, or zinc sulphate; rouse the patient by the battery; flipping with wet towel. He questions the usual advice as to walking the patient about, as it is likely to favor the toxic action of the morphia on the heart. Ammonia may be applied to the nostrils. Hot coffee by enema; the alternate hot and cold douche to the head, but keep the body warm with hot wraps. Atropine 1-20 gr. to be repeated every 20 minutes, watching the effect. If necessary apply artificial respiration, nitrite of amyl, he says has been used by inhalation.

The latest publication on the subject is a little work entitled: *Tables for Doctors and Druggists* compiled by Dr. E. L. Long, of Buffalo, just published by Geo. S. Davis. It contains a table of poisons and antidotes from which I quote the following treatment of opium poisoning:

"Evacuate stomach by use of mustard stirred up in lukewarm water, aided by zinc sulphate xx to xxx grs., if vomiting does not immediately occur; meanwhile Tannic acid should be given freely. Aid emesis by large draughts of warm water so as to wash out the stomach. The stomach tube may be used. Apomorphine 1-12 grs., hypodermically if patient cannot swallow.

Maintain respiration: 1. By arousing the patient and stimulating reflex action by external stimulation, shouting, slapping,

frictions, faradization, alternating douches of quite hot water—as hot as can be borne, with ice cold water to head and upper part of the chest. Cautious inhalation of ammonia. 2. By hypodermic injection of atropine in certain doses only, to be repeated according to the state of the respiration. 3. If respiration is slow, or rapid and shallow, so that in either case insufficient air enters the lungs, artificial respiration, or forced respiration, after the method of Dr. Geo. E. Fell, must be employed until proper respiration is established. Inhalation of oxygen, strong coffee freely or caffeine hypodermically. Catheterization must not be neglected, and large enemata of warm water may aid elimination. Sustain circulation. Alcoholic stimulants, strychnine, coffee, digitalis if heart failure threatens. Keep up artificial respiration with or without oxygen.”

Of the various methods and measures recommended I give the preference to that last quoted. It is more full, and more in accordance with a rational consideration of the ends to be attained. The old, old remedy of evacuating the stomach, dating back to the time of Nicander, more than 2,000 years ago, is of paramount importance, and must never be neglected, no matter how long the time may have elapsed since taking the poison. And by evacuation, I mean thorough evacuation, and would always give preference to the stomach pump over emetic drugs, unless in cases where the solid drug has been taken, in which event if emesis can be instigated by drugs we are more apt to get rid of any unabsorbed solid opium than by the tube. The Allen surgical pump, on account of its portability, its universal readiness and certainty of action, I prefer to the ordinary piston and valve pump, which is, in many instance when most needed, found to be not in working order. Second in value I place the fountain syringe, which can readily be devised by means of a proper stomach tube and a few feet of rubber tubing. I have, in several instances, obtained satisfactory results from the ordinary Davidson or Mattson syringe, attached to a proper stomach tube, using an improvised mouth-gag of soft pine wood or cork. It must be remembered that when an overdose of this poison has been taken, with the inception of deep narcosis or even coma, from the

absorption of less than a lethal dose, absorption may, to a great extent, be arrested, and by evacuating the stomach at any time after a toxic dose has been taken, we may get rid of any of the poison that may yet be unabsorbed.

In all cases, first fill the stomach with some warm fluid—preferably hot, strong coffee, and then empty it. Next administer a large dose of tannin to render insoluble any morphia that may remain, repeating the washing out of the stomach two or three times or more, and always leaving in it, at least a quart or more of strong coffee.

In the event that the patient can swallow, and mechanical means for evacuating the stomach are not at hand, at once resort to the use of some of the irritant emetics—tartar emetic, and others of a depressant character are inadmissible; zinc sulphate, alum, or powdered mustard are almost always readily procurable and are the best. I cannot commend giving these substances by enema, as suggested by Waring. He certainly is in error if he expects vomiting to follow this method of administering an irritant emetic. In one case I treated successfully some years ago in this city, in which the patient with suicidal intent had taken a rectal enema of nearly one drachm of morphia sulphate, it might have been applicable, yet I limited my efforts in this direction to washing out the lower bowel with large quantities of hot water, dilating the sphincter ani, as in the treatment of rectal fissure, and with a sponge fixed to a long, flexible whalebone rod, *swabbing* out the lower bowel from above the sigmoid flexure downward. In the event the coma is so deep that deglutition is impossible, the apomorphine 1-10 to 1-20 gr. subcutaneously is applicable, repeating it in 15 or 20 minutes. Although Waring and some others rather argue against the antidotal effects of Atropia, you will be regarded as derelict in your duty unless you use it. The weight of testimony is in its favor. That it is a most valuable aid in faltering or failing respiration I feel assured. The antagonism first suggested by Prosper Bell in 1570, has been too often endorsed by those high in authority to be neglected, until other more satisfactory measures are demonstrated. So able a clinician as Trousseau, while recognizing its

antagonism, and answering this question in the affirmative, provided the quantities be not excessive, gives a very apt and forcible illustration that should never be lost sight of in treating a case of opium poisoning. "When a man is standing" he says, "and is pushed from behind, he remains standing if another equal push is applied in front; but if we tried the problem by placing the man between two locomotives going in opposite directions, we should not find an equilibrium, but an entire destruction of the man." Yes, we must well bear in mind, in all our efforts in a case of this kind, in keeping off the rocks of Charybdis on one side, we must not push the patient into the whirlpool Scylla on the other. The object of the belladonna is to antagonise the paralysing power of the opium in its action on the nerve centres controlling respiration, and the respiration is the only guide to its administration. Giving it cautiously and carefully, and only as needed.

To the use of alcohol in any form, during the first 12 hours after an overdose of opium has been taken, do I most earnestly protest. Dr. N. S. Davis, of Chicago, in his paper read before the International Medical Congress at Staten Island, July 15th, says emphatically, and very correctly, that alcohol "even in small quantity, lessens the oxydation and decarbonization of the blood." This is the greatest danger before us in these cases—and it is a danger of self limited duration. The vegetable alkaloids as a rule—well observed in the case of opium, do their work, and are eliminated in about 12 hours. In opium poisoning we will always have a hot fight with the grim visaged monster, but it is always a short one. Hold him at bay for 12 hours, and you will usually be successful. This is an important point for consideration, with the use of any or all the remedies that may be at hand; and more especially with those that look toward maintaining the respiratory action. Do not hazard what little chance the patient may have, by adding to the load of carbon dioxide he is struggling with. If the circulation shows signs of failing, either by overloading the great central organ, or by sluggish movement in the capillaries, let us rather rely upon strychnia, aided by digitalis for the former, with the addition of frictions to the surface,



massage, etc., for the latter. In fact, I regard strychnia as a most valuable adjuvant in the treatment of these cases, together with digitalis it may be administered hypodermically.

After the first 12 or 14 hours have passed over, and the danger is not so much for want of respiration, but from that sinking, collapsed condition that is so universally seen as the after effects of opium, alcohol has its proper place and may be of great value, but its use should strictly be held in reserve for this condition. Strong coffee, or in its absence strong tea are old, well tried and valuable adjuvants, to be administered by enema, if deglutition is impossible. If used by enema, I usually combine 15 or 20 grs. of quinine with the enema, as it is to some extent antagonistic of the opium, and will tend to prevent the stage of collapse or depression after the greater danger of asphyxia has been passed. Caffeine hypodermically is beneficial if swallowing is impossible. In regard to the ambulatory treatment, I must express myself as opposed to it, at least it must not be pushed to excess. The over exertion that is sometimes resorted to, I believe to be harmful, in that it produces too great a degree of general exhaustion—it promotes rapidity of absorption of the drug in the early stages, and may be the straw that will break down the overloaded heart; attracting the attention, or keeping the patient aroused by more passive measures on his part, such as passive movements of the limbs, frictions, shouting or talking to him, or flagellating the extremities by a wet towel or straps of leather. Sinapisms to the extremities, and faradization have their appropriate times for use in the early and late stages. The latter, at first as a means of arousing the patient, and secondly, as a means of stimulating the respiratory movement. In the first instance, one pole may be placed upon any highly sensitive point, or one made so, as any raw or abraded spot, or a carious tooth. In the other instance I would place one pole of the Faradic battery at the nape of the neck, and the other on the anterior surface of the chest wall, using a pretty strong, sharp current, briefly, repeating it at intervals.

In the use of the alternate hot and cold douche to the head, and in all our attentions to the patient, we must see that the body



is kept warm, by artificial heat if necessary. Chilling the body is so depressant that it must carefully be avoided.

Finally, I regard maintaining the respiratory movement as of the greatest importance, after the stomach has been evacuated. The method of Marshall Hall, and that of Sylvester, each has its advocates. The suggestion of Dr. Geo. E. Fell, of forced respiration by means of a bellows, a face-mask and rubber tubes with stop-cock arrangement, so worked as to simulate the ordinary movements, possibly has some advantages over ordinary artificial respiration, whether using air, or oxygen gas. At the meeting of the American Medical Association, in the Section of Practice of Medicine, in Washington last May, he reported very graphically two cases, in addition to the eleven cases previously reported. Tracheotomy was resorted to in these cases, and the air forced in through the artificial opening. The suggestion is almost too recent to have obtained satisfactory or reliable record; but I believe it has a very satisfactory future before it. In either artificial or forced respiration, we must remember that we will have a very hard battle before us, and although 12 to 14 hours will generally see a termination one way or the other, this short space of time will drag its length along very wearily, and in order to accomplish satisfactory results, we must rapidly train a corps of nurses to make the necessary movements, having a sufficient number of proper intelligence to relieve each other from time to time. All others should be rigidly excluded from the room, which should be well ventilated.

Catheterization must not be neglected, it not only will add to the comfort of the patient, but morphia that may have been eliminated by the kidneys, may be reabsorbed by the mucus membrane of an over-distended bladder even, if permitted to remain there.

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## TREATMENT OF GONORRHOEA.\*

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BY DR. W. FRANK GLENN, OF NASHVILLE, TENN.

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When I began the practice of medicine in the year 1873 I believed fully Gonorrhœa was a mild affection, incapable of producing serious results; that at most it was simply a local annoyance which might cause considerable pain and inconvenience for a few weeks; but that complete recovery was always the result; that its after consequences were no more serious than an ordinary "bad cold." After a few years of experience my views of this disease underwent a very radical change; I gradually came to recognize urethral inflammation as one of the most serious troubles with which we are called upon to contend. Rarely, if ever, leaving the urethra in that normal condition it was formerly, and often entailing serious and painful sequelæ, which harass throughout life, and many times result in death.

How many cases of inflammation of the bladder, enlargement of the prostate gland, organic stricture, and fatal inflammation of the kidneys are traceable directly and originally to a previous gonorrhœa, which has long since been forgotten by the patient, and is often overlooked by the general practitioner?

Recognizing at last the true relationship of gonorrhœa to the future health of the patient, I at once realized the importance, in fact the necessity, for a speedy cure of the disease, and the necessity for the early commencement of a proper treatment, in order to arrest the disease before it had involved the posterior urethra or neck of the bladder.

While this fact impressed itself most fully upon my mind, I, at the same time, realized the solemn and undeniable fact, that of all curable diseases gonorrhœa was the most unsatisfactory to treat. The vast majority of all cases continued for weeks, and

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\*A paper read before the American Association of Andrology and Syphilology, at the Congress of American Physicians and Surgeons, Washington, D. C., September 22-25, 1891.

sometimes morthe, an almost uninterrupted course, despite our most earnest efforts to arrest it, combined with absolute compliance with all requirements by the patient.

Despite all manner of injections, administered in various ways and with various apparatus, with or without internal medication, the disease went on in its "own sweet way."

Accordingly, with the determined effort to find some way to relieve this most annoying disease, I searched every authority, and gave every recommendation a fair trial, but found myself still at sea. They had all been "weighed in the balance and found wanting." I, therefore, without any scientific guide, made up my mind to try anything that might suggest itself, hoping, as it were, to stumble upon a plan which would be productive of greater benefit to the patient and more satisfactory to the physician; in short, to find an injection that would embrace all the desiderata of a cure, viz: a rapid sedation of the inflammatory and painful phenomena. To arrest the discharge; to prevent a relapse; to accomplish these things in the shortest possible time; the application of the remedy to occasion no pain or inconvenience.

After a trial of almost every astringent and antiseptic, I believe the above indications are nearly completely filled by the use of mild solutions of chloride and iodide of zinc.

The strength usually employed is one-half grain of chloride and one grain of iodide to the ounce of water. If, in this proportion, the application is painful, which is seldom the case, it is further diluted until no pain results. With this solution well injected into the urethra three or four times, we generally accomplish all we could reasonably hope for in the treatment of this disease.

The result of eight years experience with this plan of treatment has been that in almost every instance the painful symptoms have disappeared rapidly, the discharge has lessened at once, and soon ceased entirely, and few relapses have occurred. That a patient suffers scarcely any inconvenience from the attack, and that he is generally discharged, cured in two, or at most,

three weeks ; that a very decided improvement generally takes place in three days after treatment is commenced.

Before beginning to feel my way in the dark I had based my investigations on the following conclusions :

That the disease being purely a local affection we would likely find the best result from the local application of remedies to the inflamed surface. I, therefore, resorted to injections alone, never hoping to gain anything further by internal administration of remedies than to render the urine less irritating.

My especial object was to find some remedy that could be injected into the urethra without causing pain, without, in any degree, superinducing stricture, and which would at the same time rapidly and permanently check the discharge and relieve the ardor urinæ.

In order to apply an injection well to the entire extent of the urethra, a syringe with a nozzle of sufficient length, to be inserted well into the urethra, should be used. It is very difficult for a patient to properly inject the urethra with the blunt-pointed syringe.

In many cases of old gonorrhœa, where the principal seat of trouble is in the deep urethra, a thorough irrigation of the entire urethra with pure, hot water, then immediately irrigation with chloride and iodide of zinc solution must be resorted to. We do not discard internal remedies altogether, but do not think they play any very direct part in the cure of the disease.

Up to eight years since, there was no disease that I would not rather have treated than gonorrhœa. There was no ailment that was so discouraging to myself nor so disappointing to the patient.

For the last eight years I have met with no disease that has given more satisfaction to myself or the patient, in its treatment.

I here append fifty cases, taken from my case book, put down as they applied for treatment without selection. They were not diagnosticated as gonorrhœa by the aid of the microscope, but are records of cases of urethral inflammation, in the male, the result of sexual intercourse.

April 3, 1890, J. C. F., Jr.—Diagnosis, gonorrhœa of five days

duration. April 7, all symptoms better, much improved. April 10, no discharge, no pain, remained well afterward.

April 3, 1890, C. A.—Diagnosis, gonorrhœa of one week's duration. April 10, all symptoms gone, remained well afterward.

May 10, 1890, H. C. F.—Diagnosis, incipient gonorrhœa. Prescribed iodide and chloride of zinc. Discharge ceased entirely in five days. No return of symptoms, even after indulging in alcoholics and sexual intercourse.

June 20, 1890, F. L.—Gonorrhœa of three days standing. Discharge ceased on June 23, continued treatment one week longer, remained well.

June 20, 1891, R. W. K.—Diagnosis, gonorrhœa of two weeks duration. Began to improve at the end of one week. June 30, worse, discharging abundantly. Iodide of zinc increased to two grains to the ounce of water. Improved slowly. Did not return for three weeks, when he reported himself, but said the injection did him no good, and he took some medicine that a druggist gave him, which cured him. The medicine was copaiba and cubebs.

June 24, 1890, L. K.—Diagnosis, gonorrhœa of ten days duration. Neck of the bladder badly inflamed. June 26, discharge decidedly less, bladder no better. Prescribed five drops of tincture of aconite every two hours, with one-eighth grain of morphia sulphate. Discharge ceased rapidly, bladder relieved after a few weeks longer.

June 27, 1890, W. B.—Diagnosis, gonorrhœa, three days duration. Discharging abundantly, severe ardor urinæ. Discharge ceased on the fourth day; painful micturition on the eighth. No return. Has remained well since, though habits are very intemperate.

June 25, 1890, J. M.—Diagnosis, gonorrhœa of four days duration, discharge abundant, excessive pain and frequent micturition. Discharge continued the same after one week of treatment. Thought failure due to insufficient syringe. Ordered proper syringe. Improvement rapid. After one week longer no ardor urinæ, discharge had lessened and changed from thick yellow to thin milky. It remained in this condition for three weeks with-

out further improvement, and was finally cured by large doses of salol and copaiba.

June 23, Negro man—Diagnosis, gonorrhœa, discharging abundantly. No ardor urinæ. Failed to note duration. Discharge ceased after five days. No report afterward.

July 13, 1890, J. H.—Diagnosis, gonorrhœa, appeared fourth day after suspicious contact. Treated one week by a druggist. All symptoms disappeared in seven days; no return.

July 15, 1890, A. H. C.—Diagnosis, gonorrhœa, recent but in full bloom. July 20, discharge had ceased, no pain. Patient returned July 22 with considerable discharge. Found he had been having sexual intercourse three times each week, which he said he would stop, but continued the practice till September 1, when he left off intercourse and obeyed instructions implicitly. Symptoms disappeared rapidly and was seemingly well September 17. No report since.

July 27, 1890, F. M., a Greek—Diagnosis, gonorrhœa of two days duration. Recovery apparent in three days. Continued injection ten days longer. No return.

August 2, 1890, R. A. L.—Diagnosis, gonorrhœa of three weeks duration. As usual ordered injection three times daily until all symptoms disappeared, then twice a day for ten days longer. Said he would report if it did not do well. Patient never returned. Suppose he was cured.

August 3, 1890, H. R. F.—Diagnosis, gonorrhœa just appearing, third day after illicit intercourse. No appearance of any symptoms after two days use of injection. Continued for one week. No return.

September 3, 1890, H. von R.—Diagnosis, gonorrhœa of four days duration. September 25, much improved. September 27, discharge entirely ceased, no pain. October 4, discharge returned slightly after much walking. Cured in a few days and remained well.

September 7, 1890, Mrs. H. —Diagnosis, gonorrhœa of three days duration. September 18, no discharge, no pain. Never reported afterward.

September 25, 1890, J. W.—Diagnosis, gonorrhœa, had been

treated by a non-medical friend for one week. Considerable irritation of bladder neck. Sept. 29th, discharge entirely cured. No pain. Did not report afterward.

October 6, 1890, G. A. D.—Diagnosis, gonorrhœa first noticed that morning. October 14, much improved. No pain, very slight discharge.

October 16, 1890, M. E.—Diagnosis, gonorrhœa, old, October 20, discharging slightly, no pains. One week later developed gonorrhœal rheumatism from which he suffered for weeks, but had no further trouble with urethra.

October 17, 1891, Mr. N.—Diagnosis, gonorrhœa of two months duration. Had just recovered from orchitis. After one week not much improvement, slight discharge with great pain and frequent calls to urinate. October 31, slight discharge every morning, neck of the bladder still irritated. Irritation of bladder continued two weeks longer, until November 14, when it ceased. Discharge in the morning still present. It ceased one week later (Nov. 21,) under the influence of copaiva and cubebs internally.

October 19, 1890. Italian fruit vender.—Diagnosis, gonorrhœa two days duration. October 21, no pain. Very slight discharge. October 24, apparently well. Has remained so since.

October 20, 1890.—Diagnosis, gonorrhœa of two weeks duration. Had been treated with internal medicine by druggist for two weeks. Recovered entirely after ten days.

October 5, 1890, G. A. D.—Diagnosis, gonorrhœa of five weeks duration. October 8, slightly improved. October 19, discharged well, no return afterward.

November 5, 1890, C. R.—Diagnosis, gonorrhœa, typical of one week's duration. Prepuce swollen to such an extent that no injection could be used. Prescribed copaiva and cubebs internally. Wash out prepuce with iodide and chloride of zinc solution. After one week the prepuce could be retracted sufficiently to use syringe. November 15, much improved. November 22, no discharge, slight pain upon micturition. Used injection ten days longer when he was discharged well. Remained so afterward.

November 19, 1890, S. R.—Diagnosis, gonorrhœa, 24 hours duration. November 24, very slight discharge, no pain, continued to be moist for one week when all symptoms disappeared. Has remained well since.

November 7, J. C.—Diagnosis, gonorrhœa of three months duration. Never returned, although was ordered to report in four days.

November 24, 1890, R. G.—Diagnosis, gonorrhœa, violent, of ten days duration. November 26, no better. November 28, much improved, discharge and pain both less. December 1, worse, discharge more abundant, irritation of the neck of bladder and chordee. December 3, no improvement. Irrigated urethra with bi-carb. soda solution. December 6, no material improvement. Prescribed oil of santal, balsam copaiva and sweet spirits of nitre, each one ounce. Teaspoonful four times daily. Injection continued, discharge ceased in four days, vesical irritation disappeared in ten days. Remained well afterwards.

December 8, 1890, J. H. D.—Diagnosis, gonorrhœa in its incipency; two days old. December 12, much improved. December 15, no discharge, apparently well, slight pain upon micturition one week longer. Has remained well since.

December 4, 1890, E. M. H.—Gonorrhœa recent. December 7, pain almost gone, discharge lessened. December 10, barely damp, scarcely any pain, doesn't get up at night to urinate. December 16, still slightly moist, no pain, One week later was taken with acute inflammation of the neck of the bladder, from which he was three weeks recovering. Confined to bed one week. Has remained well since.

December 28, 1890, W. A.—Diagnosis, gonorrhœa of seven weeks duration. December 31, all symptoms gone. Continued treatment two weeks longer. No return since.

April 11, 1891, Mrs. S.—Diagnosis, gonorrhœa one week duration. Discharge abundant, burning. April 14, only slight discharge, no pain scarcely. April 18, no discharge at all, pain very slight. Continued to improve rapidly and was well in ten days more.

May 1, 1891, M. R.—Diagnosis, gonorrhœa of two weeks dur-



ation. May 3, discharge on rising in the morning. May 5, still discharging slightly, but giving no other trouble whatever. Irrigated urethra with sulphate of zinc, one grain to the ounce. Discharge ceased entirely for five days, when it returned, accompanied by irritation of bladder neck. Continued injection of iodide and chloride of zinc, with salol and copaiva internally, which was continued three weeks before a cure was accomplished.

May 2, 1891, G. P.—Diagnosis, gonorrhœa two days duration. May 4, slight improvement but still discharging. Continued to discharge slightly for two weeks, when recovery took place at once.

March 10, 1891.—Diagnosis, gonorrhœa three days duration. Discharge ceased in three days, continued injection for ten days, twice a day. Slight burning upon micturition still present. March 15, apparently well and remained so.

May 7, 1891, — —.Diagnosis, gonorrhœa two days duration. Appeared third day after sexual intercourse. May 11, meatus swollen, pouted, and red, discharge very slight, some pain upon micturition, does not get up at night to urinate. May 4, all symptoms gone. Has remained well since.

April 12, 1891, G. M. C.—Diagnosis, gonorrhœa of three weeks duration. Discharging very freely, great ardor urinæ. April 15, no pain, but discharging freely. April 18, no pain, discharge decidedly less, not getting up at night to urinate. April 21, scarcely any discharge, no pain. April 24, apparently well. Has remained so since.

April 16, 1891, W. L.—Diagnosis, gonorrhœa of three days duration. April 18, discharge ceased, slight pain, which soon disappeared. Has remained well since.

April 18, 1891, S. S.—Diagnosis, gonorrhœa of two weeks duration. April 20, no discharge. April 22, discharge reappeared, after violent exercise. Left city next day. Reported after two months, stating that he used injection for three weeks before he was well. Remained well since

May 1, 1891, D. H.—Diagnosis, gonorrhœa in its incipienoy. Prescribed oxide and chloride of zinc injection. Never reported afterward.

May 8, 1891, A. H.—Had abundant yellow discharge, ardor urinæ for four days. Said he had touched no one but his wife, who was like unto Cæsar's. Diagnosis gonorrhœa, prescribed as usual with instructions to return if he did not do well. No report afterward.

May 8, 1891, C. K. —Diagnosis, gonorrhœa of two days duration. May 11, apparently well. Remained so afterward.

May 14, 1891, R. G. W.—Diagnosis, typical gonorrhœa of two days duration. Usual injection and santal midy internally, on account of severe ardor urinæ. May 17, only slightly improved if at all. May 22, discharging still, though less. Ardor urinæ very slight. Continued to steadily improve and was well ten days later.

May 18, 1891, T. C.—Diagnosis, gonorrhœa of three months duration. Slight ardor urinæ. May 22, discharging scarcely any. No pain whatever. Continued to improve and was well in two weeks longer.

May 18, 1891. Mr. M.—Diagnosis, gonorrhœa of two days duration. May 20, decided improvement. May 22, barely moist, no pain. May 25, apparently well and remained so afterward.

May 19, 1891, G. C.—Diagnosis, gonorrhœa of two days duration. Severe ardor urinæ. May 21, pain on urinating less, discharging abundantly. May 23, discharge only slightly lessened, ardor urinæ still. Bowels had not acted for five days. Prescribed two tablespoonsful of Epsom salts every morning for three days. May 26, greatly improved. Gradually improved for ten days when he was discharged as cured. Remained well afterward.

May 30, 1891, Mr. V.—Diagnosis, chronic gonorrhœa or gleet. Prescribed salol internally with the usual injection. Discharge ceased at once. Continued treatment for two weeks, then discontinued. Discharge returned and again began using injection. June 28, apparently well, continued injection for three weeks longer. Has remained well since.

May 20, 1891, G. D.—Diagnosis, gonorrhœa of one week duration. In addition to usual injection prescribed three grains of

salol every two hours. May 24, discharged entirely cured. Ardor urinæ very slight. May 28, apparently well. Has remained so since. Continued injection for two weeks longer. No intercourse except with wife.

June 20, 1891, C. S.—Diagnosis, gonorrhœa in its incipency. June 23, decided improvement. June 26, no discharge, no pain on micturition. June 31, apparently well and remained so.

June 20, 1891, E. M.—Diagnosis, gonorrhœa of one week's duration. Salol internally. June 21, no discharge, no pain, continued to be well. Discontinued treatment after two weeks. Has remained well since.

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## *Selections.*

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**AN EASY AND EFFECTUAL METHOD OF PLUGGING FOR EPISTAXIS.**—A piece of old, soft, thin cotton, oiled silk, or silk, about 6 inches square—a piece of an old handkerchief will answer—is taken, and by means of a probe, metal thermometer case, or penholder, is pushed, “umbrella” fashion, into the nostril, the direction of pressure, when the patient is sitting erect, being backwards and slightly downwards. It is pushed on until it is felt that the point of the “umbrella” is well into the cavity of the naso-pharynx.

The thermometer case is now pushed on in an upward direction and then towards the sides, so as to push more of the “umbrella” into the pharynx, and is then withdrawn. The closed end of the sac protrudes well into the pharynx, and its open end protrudes at the anterior nares. The inside of the sac may be brushed with some astringent, such as alum, t rentine, etc.

A considerable quantity of cotton wool is pushed well back to the cotton of the sac in the pharynx. Then, the thermometer case being held well against the packed wool, the mouth of the sac is pulled upon, and thus its bottom is drawn forward, and forms a firm, hard plug wedged into the posterior nares. The sac may now be packed full of cotton wool, dry or soaked in some

astringent solution. The mouth of the sac is tied just outside the nostril, trimmed with scissors, and the ends of the thread secured outside.

It might be suggested to oil the cotton or silk, but I have never found any difficulty without the oil, as the blood renders the material wet and easy of introduction; while the oil does not facilitate removal, and may modify the effect of any hæmostatic employed.

In removing the plug, open the mouth of the sac, and, with small dressing forceps, gently remove the cotton wool bit by bit. If there is bleeding, simply syringe the sac with weak carbolic lotion or Condy's fluid, and repack with clean cotton wool. If there is no bleeding when the wool is picked out, gently pull out the sac; or if it be adhering to the mucous membrane of the nostril, apply a little warm water, and it may then easily be removed.

There are many advantages in this method: (a) It is easy, quickly accomplished, and effectual, and the materials used are to be found in every house, and, indeed, about everybody's person (I have plugged in this manner, simply using a handkerchief, one part of which was used as the sac, and the other torn into narrow strips, in place of cotton wool); (b) no damage is done to the floor of the nose or back of soft palate by strings, etc.; (c) no disagreeable hawking, coughing, or vomiting takes place during introduction; (d) no disagreeable strings are left hanging inside the mouth causing coughing and vomiting; (e) the plug can be removed without any force, so that no damage is done to the mucous membrane, and no return of hemorrhage caused.

I employed this method frequently when in country practice, and do so now in bleeding after operation on the nares, and have always found it to be satisfactory.—*A. A. Philip, M.B., C.M., Aberdeen, in Brit. Med. Jour.*

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**THE TREATMENT OF ACUTE DYSENTERY.**—Foremost among single remedies administered for the cure of dysentery,

stands sulphate of magnesia, and other salines, so long used as to be considered standard or classical. This succeeds well and quickly with that large class of cases of simple catarrhal dysentery, which tend to recover in a few days even without treatment. Another favorite treatment with a large class of practitioners is, the repeated administration of large doses of ipecacuanha. With this treatment remarkable success has been achieved.

But the local treatment of localized inflammation is always rational if the inflamed area can be reached. So it seems more logical to apply remedies directly to the inflamed colon by enemata than to use the more indirect and uncertain course of the entire digestive tract.

After a dysenteric passage, place the patient on the right side, and, by means of a syringe—which gives a continuous and gentle stream, and does not throw water in forcible jets,—let flow into the colon from two to four quarts of water, which has been very weakly salted, and is as hot as can be comfortably borne. When that has been retained as long as possible, perhaps as long as five minutes, and expelled, charge the syringe again with a half pint of water in which has been dissolved five grains each of chloral and sulpho-carbolate or zinc, and let it flow into the rectum, to be retained, the patient keeping the recumbent position.

This entire procedure is to be repeated after each dysenteric passage.

With some patients, the amount of water mentioned will not be borne without great pain. As pain should not be caused, of course judgment will be used as to the amount, according to the case. Also, in the case of children, the amount of water would be proportionate to their size. So, as to the amount of chloral and zinc required in the second part of the treatment, a good general rule would be, one grain of each for each year of the child's age up to five.

In regard to the second part of the treatment, use any mild and soothing astringent—sulphate of zinc, alum, acetate of lead (or in the country) a decoction of white oak bark, or whatever

you prefer, providing only that it be mild and unirritating. In fact, in the great majority of cases, the second part of the treatment may be omitted entirely, one or two thorough flushings with hot salt water proving sufficient to cure.

This treatment does not preclude the use of any systematic treatment preferred by the physician. However, we believe that in very few cases will he feel the necessity of giving any medicines, except to correct malarial or other coincident affection of the system. The flushing, if thoroughly done, seems to answer the double purpose of removing all irritating matter, and arousing biliary and other secretions.—*Medical World*.

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**TREATMENT OF VOMITING OF PREGNANCY.**—In an analysis of the ætiology and treatment of this dreaded complication of pregnancy, Dr. F. Blume, in a paper read before the Allegheny Medical Society, emphasizes the fact that in some cases this condition is not amenable to treatment. He believes, however, that there are three classes of cases which may be relieved by the administration of drugs: 1. Women who, prior to gestation, have been afflicted with diseases of the stomach, as chronic gastritis and gastric ulcer: 2. Women of an unusual nervous irritability, and: 3, Hysterical women.

In cases of the first category, sub-nitrate of bismuth, bicarbonate of sodium, Carlsbad water, oxalate of cerium, tincture of nux vomica, etc., may be tried, and will sometimes be found of decided value, while the nervines and sedatives may give relief to nervous and hysterical women. Opium and its preparations, the bromides and chloral, either administered by the mouth, by the rectum, or hypodermically, as circumstances require, are the medical agents which have the best reputation, and which, in these cases, sometimes successfully depress the reflex irritability, and thus alleviate the symptoms. Blisters, the application of choloform, ether, and of the Faradic current to the epigastrium, of the ice-bag to the dorso-lumbar region, we have tried, and afforded relief in some instances.

The resort to local treatment is indicated in all those cases in which a morbid condition of the uterus has been made out. Re-

troflexion and retroversion are to be corrected, and, if necessary, the uterus retained in position by a suitable pessary, A congested vaginal portion may be relieved by scarifications, while the application of carbolic acid, or of a ten-per-cent. solution of nitrate of silver, to the eroded cervix, will often prove successful in mitigating the distressing symptoms. Faggard states that in Vienna a ten-per-cent. solution of nitrate of silver is employed in all cases of severe vomiting, irrespective of the condition of the vaginal portion. "The weight of testimony in favor of this simple procedure, collected from innumerable sources, is so great as to make its employment absolutely obligatory before resorting to more radical methods."

Dilatation of the cervix—Copeman's method—has proved successful according to some writers, while others report negative results. In the only case of severe vomiting which Blume observed, it had a most remarkable effect. The nausea disappeared instantly, but only for a few hours. The method was again applied, but no result was obtained the second time.

Horwitz recommends that in the severer cases of vomiting the patient should be placed at rest in bed in the horizontal position, that the room be darkened, and if the stomach rejects everything, rectal alimentation resorted to; crushed ice to quench the thirst is allowable. Blume fully endorses this plan.

When these various methods have failed, when the vomiting actually is uncontrollable and seriously endangers the patient's life, the induction of abortion or premature labor is indicated, and will, if done in time, to a certainty save the woman.—*Medical Age*.

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A NEW DISEASE OF AMERICANS.—According to Dr. Lange, perityphlitis, or appendicitis, is usually common in America, and particularly in New York, one surgeon, for example, having encountered twenty-one cases in a period of eleven months. This, Dr. Lange attributes to two of our National failings, that of eating too much, and chewing too little, the result of which is constipation. Contributory causes of the prevalent constipation are our hurrying, restless, nerve-straining lives, which lead us to ig-

nore the demands of Nature. Fæcal accumulation sets up trouble in the mucous membrane of the cœcum. So-called fæcal calculi are often found, but very rarely foreign bodies—much more rarely than was formerly believed—as causes of appendicular disease. The presence of pent-up secretions in the appendix is prone to set up an inflammatory condition, and this may pursue its course without destroying the integrity of the appendicular wall, or it may lead to extra-cœcal suppuration, which is almost always situated within the peritoneum, rarely between the layers of the meso colon, and almost invariably accompanied with perforation of the appendix.—*Medical Record*, August 29, 1891.

IS INEBRIETY A VICE OR A DISEASE?—The attempt to study scientifically the various departures of mankind from the rule of right living brings up many interesting and difficult questions. When we no longer rest content with the simple fact of the choice of evil rather than good, but seek to know why such a choice is made, the boundaries between vice and disease no longer seems so fixed and definite as they were formerly thought to be. Especially is this true in regard to the subject under consideration. Very few, probably, who have studied the phenomena of drunkenness thoroughly and candidly look upon the confirmed drunkard as merely the slave of a bad habit. There can be no doubt that the long-continued abuse of alcohol brings about a diseased condition which aggravates the craving for the poison that caused it, and impairs the patient's power of self-control. So far, the question presents little difficulty, and there are probably few in the ranks of the medical profession, at least, who would not agree to the proposition that every drunkard is a diseased person.

When, however, we come to inquire how this diseased condition came about, the question is no longer so simple. Evidence is constantly accumulating that the practice of excessive indulgence in alcohol may itself, in its inception, be a symptom of disease, and the question has now come to be, not as to the possibility of such a state of affairs, but as to its frequency.



The *North American Review* for September contains a discussion of the question "Is Drunkenness Curable?" by Drs. W. A. Hammond, T. N. Crothers, E. N. Carpenter and Cyrus Edson, which illustrates, to some extent, the divergence of views on this point. Dr. Hammond dwells, almost exclusively, on the influence of habit and opportunity in the making of drunkards. Dr. Crothers attributes over 60 per cent. of cases of inebriety to heredity, 20 per cent. to disease or injury preceding the use of spirits, 10 per cent. to brain and nerve exhaustion, 5 per cent. to bad sanitary conditions, and says that "in a small percentage the causes are obscure and unknown," evidently implying that habit, the usages of society and the moral standards of the individual have nothing to do with the matter. Dr. Carpenter takes the ground that "some men are born drunkards, some achieve drunkenness, and some have drunkenness thrust upon them."

The estimate of Dr. Crothers as to heredity can be better appreciated in connection with the context. He says. "The parents and grandparents have been continuous or excessive users of spirits, or have been insane or mentally defective, or have been consumptive, or had rheumatism, gout, or some other profound constitutional disease, before the birth of the child." In view of the frequency of most of these conditions, it may be questioned if a majority of healthy persons could not find instances of one or more of them among the six persons included in two generations of ancestors. At the beginning of this century probably, nearly the whole male population of this country, aside from those whose means enabled them to drink wine habitually, could have been properly described as continuous or excessive users of spirits.

Without questioning the reality of the causes mentioned by Dr. Crothers it seems to us that habit and custom count for a good deal more than he is disposed to admit. The overwhelming preponderance of the male sex in the inebriates of this country does not seem easy to explain on his theory. Women are as much exposed as men to most of the influences he mentions; no such difference in favor of one sex is observed in other neuroses, nor in regard to the use of opium, and other stimulants and nar-

cotics, in cases in which social influences do not bear with unequal force upon the sexes. The great rarity of drunkenness among the rural population of Mohammedan countries, and its almost universal prevalence in many savage races, so soon as the opportunity is offered, its varying prevalence in different communities, and in the same community at different times, go to show that the part played by pathological conditions in the beginnings of the alcohol habit is a subordinate one. The same thing is indicated by the ordinary course of inebriety. Although there are not a few instances in which a person who has previously been a total abstainer or a temperate drinker suddenly develops a tendency to get drunk, as a rule the drunkard begins as a moderate drinker, and the habit grows on him, like other habits, until it becomes one of excess.

The question of the curability of drunkenness is of much less importance than its preventibility. A state of public opinion that would make the sale and consumption of alcoholic drinks thoroughly disreputable would do more than anything else to put an end to the evils of intemperance. Many excellent people would consider the remedy worse than the disease.—*Journal of Am. Med. Asso'n.*

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**APHORISMS IN MEDICAL EMERGENCIES.**—*Accidents in Giving Anæsthetics.*—Tincture of digitalis hypodermically; draw out the tongue, and see that respiration is not mechanically impeded; invert the patient quickly and temporarily; use forced respiration promptly; apply external warmth and stimulation to the surface; avoid the exhibition of alcohol.

*Angina Pectoris.*—Inhalation of chloroform, or of a few drops of nitrite of amyl;  $\frac{1}{100}$  grain of nitro-glycerine, internally; placing the feet in hot water; mustard to the præcordial region; dry cup between the shoulders; hypodermic injections of morphine and atropine; administration of stimulent and anodynes.

*Apoplexy.*—Elevate head and shoulders; if pulse is moderately strong and the brain congested, bleed from the arm freely, sixteen ounces or more; elaterium (grain 1-6) or croton oil, two

drops, in a drachm of sweet oil or glycerine ; cold to the head by means of an ice-bag.

*Asphyxia*.—In drowning, hold the patient's head downward for a few seconds. In hanging or choking, bleed from the jugular. If there is obstruction to passage of air through mouth or nose, open trachea. Artificial respiration at once, and to be continued. Friction, warmth, warm bath (100°), ammonia to nostrils, galvanizing of phrenic nerve.

*Asthma, Spasmodic*.—Hypodermic injection of atropine into the nape of neck ; inhalation of smoke of stramonium leaves ; fluid extract of nux vomica ; internally, alcohol, ether, chloral, opium ; inhalation of chloroform cautiously administered.

*Colic, Gall*.—Morphine hypodermically ; inhalations of chloroform ; hot applications to the abdomen.

*Coma*.—Dark room, head high and cool ; head shaved ; low diet ; croton oil ; if due to compression, antiseptic trephining ; if due to uræmia, pilocarpine and hot baths.

*Heat-stroke*.—Remove clothing, sprinkle with water, cold cloths to head, hot cloths to feet ; antipyrin ; bleeding, in robust subjects. After temperature is reduced, give alcohol and diffusible stimulants, hypodermically if necessary.

*Pulmonary Hemorrhage*.—If severe, raise the thorax, administer opiate ; gallic acid, fifteen grains every fifteen minutes ; ergotin, five to ten grains hypodermically two to three times daily ; ice-bags to the chest ; as a last resort a ligature may be thrown around the larger limbs. (Tyson.)

*Hemorrhage from Stomach or Bowels*.—Tannic acid ten to fifteen grains if due to capillary oozing. If from typhoid fever or ulcer of the stomach, treat as for pulmonary hemorrhage.

*Hiccough*.—Acid drinks, cold douches, ether or chloroform internally, externally, or by inhalation ; musk, opium, antispasmodics.

*Hysteria*.—Inhalations of ether or chloroform for the spasms. If this is contra-indicated, give mono-bromide of camphor, musk, valerian, assafoetida, the bromides. In convulsive seizures, morphine and atropine hypodermically.

*Shock*.—Warmth; hot water bottle to feet, flanks and epigastrium; warm affusion to head; horizontal position; frictions, stimulants, brandy, ammonia, galvanism to precordia.

*Strangury*.—Vesical, hypodermic injection of morphine, to be followed by other remedies; rectal enemata of starch water and laudanum, followed by a hot sitz bath.—*E. J. Kempf, M. D., in Amer. Prac. and News.*

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**TATTOO MARKS.**—According to Variot, a French authority, the proper way is to wash the part with a concentrated solution of tannic acid, then closely puncture it with a set of needles, such as tattoers use. A crayon of nitrate of silver is next thoroughly rubbed over the area, and after a moment the skin is dried off, when it will be found that the punctures are deeply blackened by the formation of the tannate of silver in the superficial layers of the skin. The cauterization is said to result in an inflammatory reaction for a couple of days, and subsequently in the formation of a crust or thin eschar, which separates spontaneously in from fourteen to eighteen days, leaving beneath it a superficial red cicatrix, which gradually loses its color, and at the end of a few months is scarcely perceptible. Only a small area should be treated at one time, and a dressing of powdered tannin should simply be used.—*Scientific American.*

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**IPECACUANHA IN LABOR.**—While the accelerating action of ergot in cases of lingering labor is universally known and acknowledged, there is another drug which, so far as I am aware, is not noticed in works on midwifery, and which yet is capable in such cases of rendering signal service. I allude to ipecacuanha. Not only in cases of rigid cervix, where possibly it might be considered to act in a similar manner to antimony, but in cases of simple inertia, in either first or second stage, it is a potent instigator of uterine contraction.

In the course of general practice extending over many years, I invariably carried a bottle of vinum ipecacuanhæ in my midwifery bag, and rarely, if ever, gave a dose of ergot in the first

stage of labor. Time after time, on coming to a confinement case where the pains have been feeble and inefficient, or had totally ceased, two or three 10 or 15-minim doses of the wine at intervals of ten minutes, have been followed in a surprisingly short time by energetic uterine action, with a rapid termination to the labor. It never produces the quasi-tetanic contraction so often met with as the result of ergot, the pains continuing to recur regularly, just as they do in natural labor, but with greater force and at shorter intervals. Conviction of the value of the drug for this purpose induces me to give my experience of it, believing that its merits will be recognized by any who choose to give it a trial.—*Drapes in Brit. Med. Jour.*

---

**BORAX FOR EPILEPSY.**—Dr. Dijoud has tried this remedy in twenty-five cases, and he claims to have entirely cured one, and to have relieved all except six. The duration of the treatment varied from one to seven months, and he was able without inconvenience to carry the dose up to ninety grains a day. This was only possible if a beginning was made with small doses, which were gradually increased; and when the dose exceeded sixty grains daily, he found it advisable to add some glycerine to the water and sirup in which the drug was usually administered. The patients to whom Dr. Dijoud administered borax had been treated unsuccessfully with the bromides.—*Med. Record.*

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**CAMPBOR IN PHTHISIS.**—Good results are reported from Berlin as attending the use of injections hypodermically of camphorated oil (1 in 10 of olive oil) in the treatment of phthisical patients. Fifteen-minim doses were given, and after a time these were well tolerated, night sweats, irritating cough, and expectoration being diminished in a remarkable manner, even the first dose effecting a very noticeable improvement in the patient's condition. In hæmoptysis the method also proved very useful, patients being enabled to get about again without fear of a recurrence more rapidly than under ordinary methods. The treatment also did good in bronchitis.—*Scientific American.*

## *Editorial.*

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PRELIMINARY ANNOUNCEMENT OF THE PROGRAMME  
FOR THE SEVENTEENTH ANNUAL SESSION OF  
THE MISSISSIPPI VALLEY MEDICAL ASSO-  
CIATION, TO BE HELD IN ST.  
LOUIS, OCTOBER 14, 15  
AND 16, 1891.

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1. "The Toxic Effect of Tobacco Vapor; with Report of Cases." W. Carroll Chapman, M.D., Louisville, Ky.
2. "The Management of Chronic Diseases." S. Baruch, M.D., New York, N. Y.
3. "The Ethics of Curing Consumption and other Chronic Diseases." John Ashburton Cutter, M.D., New York, N. Y.
4. "The Treatment of Typhoid Fever," Robert C. Kenner, M.D., Louisville, Ky.
5. "The Carbolates." Wm. F. Waugh, M.D., Philadelphia, Pa.
6. "On Degenerative Processes in the Spinal Cord, Consequent upon Constitutional Diseases." Hugo Summa, M.D., St. Louis, Mo.
7. "Iliac Indigestion—Intestinal Dyspepsia—and its Treatment by Antiseptic Agents." Frank Woodbury, M.D., Philadelphia, Pa.
8. "The Influence of Graveyards on Public Health." J. W. Carhart, M.D., Lampasas, Texas.
9. "Rheumatism and Gout in their Casual Relation to Eczema; their Management." A. H. Ohman-Dumesnil, M.D., St. Louis, Mo.
10. "The Value of Epilation as a Dermato-Therapeutic Measure." Joseph Zeissler, M.D., Chicago, Ill.
11. "Gradation of Lenses." Dudley S. Reynolds, M.D., Louisville, Ky.
12. "The Influence of Alcohol on Vision." Francis Dowling, M.D., Cincinnati, O.
13. "Tobacco and Insanity." Ludwig Bremer, M. D., St. Louis, Mo.
14. "The Present Aspect of Cerebral Surgery." Landon Carter Gray, M.D., New York, N. Y.

# FRELIGH'S TABLETS

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Morph. Sulph. [1-50 gr.], Atropine Sulph. [1-500 gr.], Codeia 1-50 gr., Antimony Tart. [1-25 gr.], Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox, and Lachesis, fractionally so arranged as to accomplish every indication in any form of cough.

#### Constituent Tablets.

##### EACH TABLET CONTAINS.

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"I am now using your Tablets on a patient (young lady), who has had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morr., Syr. Hypophos. Co., etc., with no apparent benefit."

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"Enclosed find Postal Note for another double box Freligh's Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second, and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

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"Send me two double boxes Freligh's Tablets. I have tried the sample box with most excellent results."

*A Michigan physician writes:*

"I am more than pleased with them. They have not disappointed me once. Dr. C. for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

### SPECIAL OFFER.

While the above formulæ have been in use, in private practice, over 30 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes, (retail price, Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card, letter-head, or some proof that the applicant is a physician in active practice, MUST accompany each application. Pamphlet, with full particulars, price-list, etc., on request.

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This preparation has been found especially serviceable as a menstruum for the administration of such alkaloids as morphine, quinine and other organic bases which are usually exhibited in acid combination.

The admixture with pepsin has been introduced with advantage when indicated.

The Acid Phosphate does not disarrange the stomach, but, on the contrary, promotes in a marked degree the process of digestion.

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15. "Forensic Aspect of Bruises and Fractures in the Insane." J. G. Kiernan, M.D., Chicago, Ill.
16. "Amputation of the Scrotum, with Report of a Case." B. Merrill Ricketts, M.D., Cincinnati, O.
17. "Observations on Urethral Stricture." G. Frank Lydston, M.D., Chicago, Ill.
18. "The Mechanical Element in Treatment of Compound Fracture." Warren B. Outten, M.D., St. Louis, Mo.
19. "A Report of a Case of Retention of Urine caused by Multiple Urethral Calculi." J. V. Prewitt, M.D., West Point, Ky.
20. "Some Observations on Rectal Surgery in Europe." Leon Straus, M.D., Louisville, Ky.
21. "A New Method of Diagnosing Obstruction in the Sigmoid Flexure." Joseph M. Mathews, M.D., Louisville, Ky.
22. "Pathology and Surgical treatment of the so-called Strumous Inguinal Lymphadenitis." L. T. Riesmeyer, M.D., St. Louis, Mo.
23. "The Treatment of Gonorrhœa." E. C. Underwood, M.D., Louisville, Ky.
24. "Extirpation of the Thyroid, with Report of Case." Emory Lanphear, M.D., Kansas City, Mo.
25. "Are Conservative Amputations always in the Interest of the Patient?" Charles Truax, Chicago, Ill.
26. "Sarcoma of the Dorso-Scapular Region—Operation—Recovery." George N. Lowe, M.D., Randall, Kansas.
27. "Mouth Breathing." Eric E. Sattler, M.D., Cincinnati, O.
28. "Empyema of the Superior Maxillary Antrum, with only Nasal Symptoms." Hal Foster, M.D., Kansas City, Mo.
29. "A Superior Remedy for Nasal Catarrh; Campho-Menthol." Seth S. Bishop, M.D., Chicago, Ill.
30. "A Case of Reflex Aphonia; Demonstrated to be due to Pressure of the Middle Turbinate against the Septum Nasi." Hanau W. Loeb, M.D., St. Louis, Mo.
31. "Importance of Recognizing a Temporary Rachitic Condition in Infants." John A. Larabee, M.D., Louisville, Ky.
32. "A Pathological Study of Pelvic Inflammation in Women." Wm. Warren Potter, M.D., Buffalo, N. Y.
33. "Observations on the Management of Uterine Tumors." Chas. A. L. Reed, M.D., Cincinnati, O.
34. "Complications Following Abdominal Section." Rufus B. Hall, M.D., Cincinnati, O.

35. "Obstetric Dispensaries; their Management." L. A. Berger, M.D., Kansas City, Mo.
36. "Surgical Treatment of Peritonitis." A. V. L. Brokaw, M.D., Kansas City, Mo.
37. "Temperature no Guide in Peritonitis." H. C. Dalton, M.D., St. Louis, Mo.
38. "Some Monstrosities at, and after Birth." David S. Booth, M.D., Belleville, Ill.
39. "Oophorectomy *vs.* Donothingism." Willis P. King, M.D., Kansas City, Mo.
40. "A Successful Gastrostomy for Impermeable Stricture of the Cardiac End of the Oesophagus—Subsequent Dilatation of the Strictures." Arch. Dixon, M.D., Henderson, Ky.
41. "The Nervous Equation of Pelvic Inflammation." Geo. F. Hulbert, M.D., St. Louis, Mo.
42. "Hysterectomy for Cancer." J. M. Richmond, M.D., St. Joseph, Mo.
43. "The Application of the Obstetrical Forceps." John Bartlett, M.D., Chicago, Ill.
44. "Appendicitis." W. H. Link, M.D., Petersburg, Ind.
45. "Phthisis—Beginning its Treatment." Edward F. Wells, M.D., Chicago, Ill.
46. "The Hydrotherapy in Typhoid Fever." H. H. Middlekamp, M.D., Warrenton, Mo.
47. "Hystero-Epilepsy." Howell T. Perching, M.D., Denver, Col.
48. "Importance of Definite Strength in Mineral Waters." Geo. F. Hulbert, M.D., St. Louis, Mo.
49. "The Time and Place for Stimulants." By Chas. H. Hughes, M.D.

Regular classified programme will be issued and sent to members and the profession generally at an early date. Titles of papers must be sent to Chairman of Committee of Arrangements before October 5, 1891.

I. N. LOVE, M.D., Ch'n Com. of Arrangements,  
Grand and Lindell Avenues, St. Louis.

S. MCKEE, M.D., Secretary. C. H. HUGHES, M.D., President.

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ATLANTA, GA., September 23, 1891.—Albemarle Chemical Co., New York, N. Y.—Gentlemen: Three months since your agent, while passing through the city, left me a few samples of Therapine,

which I used, or prescribed; and perceiving its wonderful therapeutic value, sent an order for a supply, which was promptly delivered. I at once began using it in my daily practice, and at the same time observing its effects carefully, and it affords me the greatest pleasure to add my humble testimony to its unparalleled value as a febrifuge, hypnotic, sedative, anodyne and nervine.

It has superceded opium and bromide of potassium in my practice, and is the equal, if not the superior, of aconite and veratrum.

One of its greatest advantages, as a hypnotic, is, we avoid the constipating effects of opium and its salts, and when given in cases in which chloral hydrate is so often prescribed, the usual disturbance produced by that drug upon the great nerve centres is avoided.

I have found it easy of administration, and as certain and definite in its effects upon the human organism as our most positive remedies.

To those who have not already used it, I commend it. Be sure you have the indication, and the desired result will be obtained. I am, gentlemen, very respectfully,

JOEL F. HAMMOND, M.D.

---

THE AMERICAN PUBLIC HEALTH ASSOCIATION will meet at Kansas City, October 20-23. Representatives from the entire United States are expected to be present, and from the treasure houses of observations and investigations accumulated during the past year, contribute to the interest and profit of the occasion.

---

DR. N. M. GRAY, of Allegheny, Pa., says: I have tried Papine in two cases, and with the best effects. Both were cases of children from one to three years old, and both so complicated with cerebral trouble that I feared to use opium or any of its preparations, and yet I wished for an anodyne to control some very marked symptoms. So I tried the Papine, and am happy to say that it had the desired effect, without any of the unpleasant consequences so often following the use of the drug in any form I have heretofore used. I think it an excellent preparation for that class of diseases, and intend to use it hereafter.

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SANDERS & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sanders, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

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SYR. HYPOPHOS. CO., FELLOWS, has become one of the recognized standard preparations of the day. It contains potash and lime, essential elements of the animal organization; iron and manganese, the oxydizing agents; quinia and strychnia, the tonics, and phosphorus, the vitalizing constituent. It has gained a wide reputation for its curative powers attributable to its stimulant, tonic and nutritive properties.

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"In the characteristic and excruciating frontal headache accompanying influenza, I immediately prescribe Antikamnia in five or six-grain doses, repeated once in one or two hours, with the happiest results. I have learned to look upon it as almost a specific in counteracting this form of pain."

The above is an extract from an article on influenza read before the "Stark County Academy of Medicine," at Canton, O., September 1, 1891, by D. S. Gardner, M.D.

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DIOVIBURNIA is pronounced by the most prominent professors of medicine as being the most powerful uterine tonic attainable. It is the remedy to right the wrongs and relieve the weakness of the uterus and appendages. It resuscitates to normal condition. It is a sure remedy to prevent miscarriage, also nausea in pregnancy, restoring the uterine system, relieving all abnormal conditions of same.

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INDIANAPOLIS, July 10, 1891.—Messrs. Renz & Henry, Louisville, Ky.—Gentlemen: I have used your Elixir of the Three Chlorides with calisaya quite extensively the last two years, and I find that it acts beautifully in constipation, whether due either to diminished action of the muscular coat of the intestines, or to diminished secretion from the mucous membrane; one teaspoonful in two-thirds glass of water.

Truly yours, J. J. GARVER, M.D.

QUININE PILLS AND CAPSULES are very insoluble, often being discharged undissolved.

"*Febriline*," or *Tasteless Syrup of Quinine*, has been found to be just as reliable in all cases as the bitter sulphate of Quinine, and physicians will find it to their advantage to use it for adults as well as children in place of pills and capsules. It is as pleasant as Lemon Syrup, and will be retained by the most delicate stomach, having also the advantage of not producing the unpleasant head symptoms of which so many patients complain after taking the Quinine Sulphate. Possessing these advantages, physicians will find it superior to the Quinine Sulphate for all cases requiring quinine, particularly typhoid fever patients.

---

A LETTER from G. Frank Lydston, M.D., Fellow of the Chicago Academy of Medicine and of the Southern Surgical and Gynæcological Association; Editor of the *Northwestern Medical Journal*; Formerly Professor of Venereal Diseases Chicago College of Physicians and Surgeons, says:

"I desire to express my appreciation of the new antiseptic, Chloro-Phenique. It is one of the best antiseptic and detergent preparations in the treatment of inflammatory affections of the mucous membranes, suppurative and ulcerative processes that I have so far tried. In nasopharyngeal affections it is of especial value."

---

"I HAVE been using a pair of the Elliott-Patent Saddle Bags for the past five years, and such are now as good as new."

J. W. HUNTER, M.D., Peachtree, W. Va.

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"I HAVE used Ponca Compound for many cases of dysmenorrhœa with most satisfactory results, and I should not wish to be without that remedy."

L. SUTTON, M. D.,  
West Newton, Westmoreland Co., Pa.

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"WE prescribed Tongaline for a patient who had been suffering from neuralgia of the kidneys for five years, and after having taken the preparation for ten days he feels better than at any time since the commencement of the trouble."

DRS. SPEARS & HOLLIS.

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EPILEPSY—In a case of epilepsy of several years standing I have used Peacock's Bromides with perfect satisfaction to myself and patient. It controls the spasms perfectly, and seems to agree well with the stomach.

W. E. POSTLE, M.D., West Jefferson, O.

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# THE SOUTHERN PRACTITIONER.

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DEERING J. ROBERTS, M. D., - - Editor and Proprietor

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## *Original Communications.*

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### PLEURISY.\*

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Pleuritis derives its name from the Greek word *pleurá*, meaning side, and the ending *itis* signifying an inflammation. The acute pains usually accompanying pleurisy led Hippocrates to use the word pleuritis in all pains of the side, especially those of a violent character. Pleuritis was mentioned by Celsus, and was still better described by Galen. Æteus, however, was the first to describe it with any degree of precision, and to speak of its treatment. Ancient authors thought that the disease was limited to that portion of the membrane lining the interior of the thoracic cavity, or the pleura costalis, while more modern authors believed the inflammation to be confined to the visceral layer of

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\*Read at the Nashville Academy of Medicine, October 8, 1891.

the membrane, or the pleura pulmonalis. Sydenham, Hoffman, and Morgagni believed that the pleura and the lung substance were generally both implicated. Pinel was the first to definitely establish the difference between pleuritis and pneumonia from the anatomical lesions. Laennec laid the foundation of our present knowledge. He was followed by Andral, Louis and Cruveilhier in Paris, and by Forbes and Williams of London, and Stokes of Dublin, who demonstrated by physical signs and the symptoms during life, and by post mortem examinations, that the inflammation could commence in and be confined to the pleura, while again it might involve both lung and pleura. Previous to Laennec the incomplete knowledge of the anatomy of the intra-thoracic viscera and the membranes contained therein, as well as their lack of knowledge in physical diagnosis, led to erroneous views and errors in diagnosis. Avenbrugger, Corvisart and Laennec having acquired a more accurate knowledge of the physical modes of exploration of the diseases of the chest, enabled them to obtain more reliable data for differential diagnosis. Each succeeding generation has added some method of differentiating between intra-thoracic diseases, until we can now by auscultation and percussion, and by the use of the stethomometer and the different hypodermic exploring needles, diagnose pleuritis with a great degree of certainty.

Before going further into the subject of pleuritis, let us review the anatomy of the membranes in which the inflammation is situated. The pleuræ are two membranous serous sacs situated in either lateral half of the thoracic cavity, having a visceral and parietal portion; the former covering the external surface of the lungs and known as the pleura pulmonalis; the latter lining the interior of the cavity and called the pleura costalis.

These sacs when normal, like all serous membranes, present on the free surface a smooth, transparent, glistening appearance due to the endothelial layer, which is composed of a single layer of polygonal pavement endothelial cells. When the endothelial surface is examined, microscopically, minute stomata or mouths are seen situated between the cells. These stomata are connected with the lymphatic vessels, the serous cavities being lymph sacs.



The endothelial layer of the membrane rests upon and is supported by a layer of fibrous connective tissue with networks of fine elastic fibers, in which are contained numerous capillaries and lymphatics.

Different views are entertained by authors with reference to the ætiology of inflammation of the membrane, the anatomy of which has just been given. All agree that traumatism may produce it. It is not unusual to find stabs, gun-shot wounds, etc., developing pleuritis, however these often fail to produce it. Many authors claim that it is a secondary trouble, being associated with some antecedent disease, such as tuberculosis, the different forms of pneumonia, abscess of the lungs from an embolus, chronic nephritis, acute articular rheumatism, scarlatina, measles, small-pox, pyæmia and septicæmia. It occasionally results from caries of adjacent osseous tissue, such as the vertebræ and ribs, or is developed in connection with inflammation of adjacent serous and fibro-serous membranes, such as the peritoneum or pericardium.

When developed with any of the diseases mentioned we would term it secondary, the pre-existing disease acting as an ætiological factor. We say that the antecedent disease produces the pleuritis, from the fact that it has developed sufficiently often in connection with each one of the affections to justify us in concluding that its occurrence is not merely accidental, but due to the pre-existing disease.

Strumpell would have us believe that it is a rare disease unassociated with other disease. He states that pleuritis which appears to be a primary disease is most frequently a result of incipient phthisis, which has, prior to the development of the pleuritis, been unrecognized, or may then escape the notice of the attending physician. He asserts that this statement is founded upon observations of the subsequent history of pleuritic patients.

Flint, with many other authors, admits that tuberculosis and many other diseases may act as ætiological factors, but at the same time agrees with N. S. Davis, when he says that it occurs most frequently in the colder seasons of the year and in climates which are characterized by sudden and extreme changes in the

thermometric and hygrometric conditions of the atmosphere; that it can be, and is developed in persons previously healthy with no other cause than that of exposure.

Ziemssen, in fifty-four recorded cases, failed to trace the origin to exposure to cold in a single instance. Anstie agrees with Ziemssen in saying that exposure to cold is not the prime factor in producing pleuritis. Loomis states that in all instances where acute pleuritis has developed upon exposure, he has been able to find some predisposing factor. Notwithstanding the statement of these prominent authors that it is a secondary affection to some pre-existing disease, the statements made by equally as prominent and reliable writers, as well as our own limited observation, seem to justify the conclusion that it does at times occur without any predisposing pathological conditions. As the ætiology will govern us both in the prognosis and treatment, each individual should be carefully examined before the prognosis is given, or the treatment actively begun.

Before we consider the anatomical changes or pathology of pleuritis, we will state that the ætiology of chronic pleuritis is very similar to that of acute pleurisy.

The more fully we are acquainted with the pathology of any disease, the more effectual will be our efforts in treatment; therefore it behooves us to ascertain, if possible, the exact anatomical changes which occur in the disease.

Being an inflammation of a serous membrane, we would expect to find changes similar to those found in inflammation of other serous sacs. The first evident change is a hyperæmia or congestion of the smaller blood vessels and capillaries of the serous membrane, and of the sub-serous connective tissue.

This, in simple acute pleuritis, is very soon followed by a sero-fibrinous exudation, which covers the free surface of the membrane, destroying the smooth, transparent, glistening appearance of the normal membrane. This exudation is not confined to the free surface of the membrane, but infiltrates the sub-endothelial connective tissue. Lencocytes which have escaped from the thin walls of the capillaries are found in greater or less abundance in the exuded fluid. Pepper tells us that the membrane soon be-

comes thickened, œdematous with red points and small ecchymosed spots, with a continuation of the deposit of the fibrinous lymph of a reddish yellow color. Under the microscope the endothelial cells appear swollen, largely increased in number, many being detached from the surface.

Over the free surface of the membrane there is a tissue of granulations composed of embryonic cells derived from the proliferation of the elements of the connective tissue. In this tissue of new formation small blood vessels are developed connected with those of the connective tissue.

Under the plastic exudation the embryonic cells become elongated and spindle-shaped in the formation of new connective tissue. These connective tissue fibres become firm, and collected, form the bands which are subsequently to unite the opposite costal and pleural surfaces together. Acute inflammation of the pleura produces an exudate consisting of two parts, viz: the plastic which is deposited on the pleural surface or thrown down in flakes, and is found with the other element of the exudate, viz: the serum. It is the rule to find both these, viz: the plastic and serous elements in the exudate, varying greatly, however, in different cases. In some rare cases the fluid portion of the exudate is almost entirely absent when the disease is called "pleuritis fibrinosa vel sicca," or dry pleurisy. These cases with comparatively little serous exudation are said to occur when the inflammation is circumscribed, or is secondary to some other affection, and post mortem examinations reveal the fact that in nearly all such cases firm adhesion is found, the absence of the fluid allowing the surfaces to come in apposition.

The serous effusion is fortunately *usually* present in acute pleuritis, and varies greatly in quantity, sometimes reaching two, three, or even four quarts. In the fluid, leucocytes, flakes of the fibrinous exudate, and detached endothelial cells are found which gives to it a turbid color.

Sometimes it contains a variable quantity of red globules, giving it a rose tint. At this point now let us once more call attention to the fact, that notwithstanding the exudation causes a deposit of a pseudo-membrane, the membrane takes no part in the

production of the fibrous bands which unite the pleural surfaces or binds down the contracted lung. They are not capable of organization. When the inflammation subsides, the false membrane with the accompanying fluid will usually be removed by absorption.

The fluid is absorbed by the lymphatics, passing through the stomata situated between the endothelial cells to which I have already called attention. The plastic and solid elements of the exudate require longer time to be absorbed, having to undergo a granulo-fatty metamorphosis before absorption can occur. These having been absorbed there remains nothing save the bands or bridges, which formed by the proliferation of the pleura connect the costal and pleural surfaces, and are permanent instead of transitory as the exudate.

Having considered the anatomical lesions, let us see what are the symptoms and signs by which we can recognize and differentiate this from other intra thoracic affections. The attack *usually* develops suddenly without any premonitory symptoms; however, some cases may be preceded by a feeling of malaise for a few days. Rigors or a distinct chill may be the first symptom of the attack, but usually a sharp lancinating, stitch like pain, situated in the region of the nipple, announces the attack. The severity of the pain causes the patient to voluntarily limit the depth of the breathing, which is compensated by a corresponding increase in the number of the respirations, which may amount to forty or fifty per minute. The inflammation is indicated by a rise of temperature; the thermometer generally registering 100 to 102, and sometimes as much as 104° F. The rise of temperature is also a factor in increasing the rapidity of the respirations. As the effusion increases, by its pressure upon the lung, the breathing capacity is diminished, which also calls for a corresponding increase in the activity of the opposite organ. The pain is intense, being greatly increased by coughing, sneezing or by anything which requires considerable movement of the thoracic walls.

We have stated that the usual place of the pain is in the location of the nipple. While this is true, occasionally it is found to be situated in the sixth, or even the seventh, intercostal spaces.

More rarely the pain is referred to the extremities of the branches of the intercostal nerves, which terminate in the abdominal muscles. The pain is said to be due to inflammation of the sheaths of the nerves, or to inflammation of the nerves themselves (neuritis), and also to the inflammation of the pleura.

The position assumed by the patient is often of diagnostic value. The patient may be found resting on the back, but usually on the affected side, especially if the effusion by its own weight is so great as to compress the opposite lung, producing dyspnoea; cough is not constantly present, but when it is, it is short, dry and suppressed; the reasons for which are the same as those for the suppressed respiration. The symptoms alone are not sufficient to diagnose the disease. We must resort to physical means of diagnosis. One intra-thoracic affection in particular, viz: pneumonia must be differentiated by physical examination of the chest. Both being inflammatory troubles, will present many symptoms in common, which at times will entirely fail to denote one or the other disease. In pleuritis, in the first stage, auscultation will give the friction sound with a feeble respiratory murmur. The friction sound being produced by the roughened pleural surfaces rubbing against each other, the effusion at this stage being insufficient to separate them.

The feebleness of the respiratory murmur is not characteristic of pleuritis, the same occurring in intercostal neuralgia and pleuro-dynia, the respiration being voluntarily restrained to prevent pain. In the first stage of pleuritis the friction sound is not always heard, and in the first stage of pneumonia the crepitant rale is sometimes wanting, so that under these circumstances the differential diagnosis cannot positively be made.

Dr. Janeway states that the friction sound which when clearly heard, is usually considered characteristic of pleuritis, may be heard in some cases of pneumonia uncomplicated with inflammation of its capsule. The first stage of acute pleuritis is soon followed by the second, which is recognized by the physical indication of liquid effusion. There will be dullness or flatness extending to a variable height when the patient is in the vertical position, depending upon the quantity. The line indi-

cated by dullness or flatness, or the line of pulmonary resonance, will represent the height to which the fluid rises. This line is said by Flint to be a horizontal line, but by others it is claimed that it is not.

If the patient be placed in the recumbent position, and the vocal resonance is found to fall considerably below the line where the vocal resonance was heard in the upright position, we have demonstrative evidence that the cavity contains more or less liquid. The presence of the symptoms of inflammation, and the effusion being limited to one pleura, together with other symptoms we might cite, such as absence of friction sound, etc., will exclude hydrothorax. On percussion over the lung above the level of the fluid the resonance will be vesiculo-tympanitic, the intensity increased, and pitch raised.

Vocal resonance and fremitus is lessened, or entirely absent. Above the level of the fluid the fremitus is increased. By employing the physical signs we can determine not only the presence of the fluid, but the quantity; and, also, determine whether it is increasing or decreasing.

In the chronic form of this disease the cavity is frequently found filled with fluid, producing displacements which can readily be detected.

The heart, when the pleuritic effusion exists, as it most frequently does, on the left side, is found extending to the right of the sternum, and flatness is found over the whole of the left side. The respiratory sound is wanting in such cases except at the summit, over the compressed lung, where it is bronchial.

The indications to be met in the treatment seem to be to relieve the pain, to reduce the vascular fulness, and by so doing limit the amount of plastic exudation and to promote absorption.

To meet the first indication, we would use morphia, hypodermically, in doses sufficient to relieve the pain. To relieve the vascular fulness, venesection has been highly recommended; but usually we would rely on cardiac sedatives, such as aconite and veratrum. We would attempt to further reduce the congestion by saline, diaphoretic and diuretic remedies. Quina in ten-grain doses at the beginning of the disease reduces the temperature,

and at the same time has a tendency to prevent effusion. Mercury has been used to meet the third indication, viz: to promote absorption, but is now considered inferior to iodine, iodide potash, iron and other remedies. Alkalies possess the power of dissolving exudations, therefore we would administer these, the carb. ammon being the most preferable, given in five to ten-grain doses.

Some authors highly recommend the use of small blisters, and our own observation has led us to believe that they are efficacious in relieving the pain, and also in promoting absorption. Occasionally the hurried breathing, the displacement of the heart from the left to the right of the sternum (pleuritis usually occurring on the left side), the bulging of the intercostal spaces, the displacement of abdominal viscera, etc., will admonish us that more active treatment is required. In such cases, thoracentesis should be performed to remove the accumulated fluid at once, so as not to keep the lung compressed for any great length of time. When the lung is thus compressed, the firm, fibrous bands which are formed over the surface of the visceral layer of the membrane will prevent the expansion, even though the fluids be absorbed. Fearing such a result, we would not postpone the operation for removal of the effusion.

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## OBSTETRICS AND GYNECOLOGY.

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BY E. S. M'KEE, M.D., CINCINNATI, O.

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In lecturing on the subject of cancer Prof. T. A. Reamy of Cincinnati, said: "I have had exceptional cases at twenty-two and twenty-three years of age, but if the patient is beyond thirty, or if she has children or miscarriages, insist on an examination and see if she may not have carcinoma in the first degree. Hemorrhage and wasting discharge are the early symptoms. Do not wait for pain and the characteristic odor, the cachexia or pallor; do not wait especially for odor and pain; make a digital examination. You can generally detect a roughness or breaking down of tissue, and then a visual examination by the speculum



should be made. We may find ectropion and may be degeneration, and think we have cancer when we have not. If in operating for a lacerated cervix we find suspicious looking tissue, cut it away, for if the tissue is not an epithelial growth it is next door to it, and should come away. The importance of the early diagnosis of cancer of the uterus is emphasized by the fact that two-thirds of the 150 cases per annum which come under my care, have advanced so far, one-half of them even before they come under the care of the family physician, as to make a possible cure by operative proceedings very doubtful. Why is the early diagnosis of this disease so infrequent? For the reason that the real cause of cancer is not known. It is nevertheless true, that with the exception of one single authority of prominence, Sir James Paget, so far as I am acquainted with the opinions of authors, all agree in the belief that cancer is primarily a local disease. There are very probable predispositions in constitutions, tissue inheritance, yet the consensus of opinion is that cancer is a local disease.

It can not be said that much progress has been made during the past forty years, as regards the recognition of fully developed cancer. Bennett's Monograph on Cancerous and Cancroid Growths shows a pretty thorough knowledge of the subject under consideration. He says: The microscope alone, and independently of all other kinds of observation, can seldom determine the presence or absence of cancer. With regard to the microscopical diagnosis of cancer we have not improved very much over Bennett. This distinguished author was also well up on other points for his day. He says in regard to the local origin of cancer: A cancerous growth is for some time purely local; in this indolent state a tumor may often be excised and permanently eradicated. Even when the growth has become moderately cancerous, ablation is said to have been occasionally followed by success. There was a time, says this author, when phthisis was thought to be necessarily fatal. Morbid anatomy has expelled that error, as it will doubtless do that regarding cancer. At the present time, however, surgeons generally unite careful microscopical examination of the structures in a suspected case with the clinical study and



microscopical appearances, thus recognizing the malignant character of tumors much earlier than formerly. Here lies one of the most important advances. It points the way to extirpation of the growth in its earlier stages, while it is yet local, thus largely increasing the chances of cure. Virchow's experience with the Emperor Frederick shows how difficult it sometimes is for the most experienced pathologist to give a positive opinion regarding the malignancy of a growth, especially, when so located as to permit of the removal of a very small portion for microscopical examination. However, our knowledge of cancer, especially cancer of the uterus and the breast, has been much extended during the past ten years. Surgeons have also learned to distinguish more accurately operable and inoperable cases, and thus save the patient from severe, useless and dangerous operations. These conservative results derived from our knowledge, are next in importance to the cure of disease by early operation. It is no small matter to save a surgeon from a surgical operation which could do no good. The benign affections of the cervix uteri which may be confounded with the malignant, are chronic inflammation, endometrial inflammation with its results, erosions, granular degenerations, ectropion."

"*The after treatment of cases of Abdominal Section*," was the subject treated of by Dr. Chas. F. Noble of Philadelphia. That which is accomplished in the after treatment in abdominal section is principally of a negative character. The object is to protect the patient from all sources of danger while nature does her perfect work; sustains the powers of life, enable the patient to pass a crisis; to keep the emunctories active; and to prevent wound secretions from becoming a source of poison. Plenty of air, light and ventilation; first twenty-four hours give nothing in the way of food; rinse the mouth with water, or if thirst is excessive, enemata of equal parts of beef tea and water. Second day one or two drachms of water every half hour; in thirty-six to forty-eight hours one or two drachms of beef tea at frequent intervals; if all goes well on the fourth or fifth day water *ad libitum* may be given. After a week soft diet and after two weeks a full diet. The drainage tube used unless contraindicated. It

should be packed in sterilized cotton unless hemorrhage is excessive, and a rope of gauze wet with bichloride passed down to the Douglas pouch and out to the cotton. In this way the most of the fluid is removed by capillary attraction. If hemorrhage is excessive, it is better to use rubber dam about the tube. The bladder should be emptied by the patient if possible. Care should be taken to avoid catheter cystitis. This is best accomplished by using a glass catheter. Bowels should be opened early, second or third day. The pain after abdominal section is largely due to intestinal flatus or irregular peristalsis, and the best way to relieve it is to open the bowels. They should be kept open on alternate days during the convalescence. Thirst can often be appeased by bathing the hands in ice water. Glycerine and ice water will relieve dry mouth, but the sweet taste of the glycerine is objectionable to most patients. The patient should be encouraged to bear up under pain. Cotton, wool pads and air cushions will add much to the patient's comfort. He keeps patients on their backs for two weeks, and out of bed after three weeks. Shock is best met by the applications of external heat, the use of strychnia, caffeine, digitalis and whiskey hypodermically, and decoctions of coffee or beef tea hypodermically. If much blood is lost, large amounts of fluid will be absorbed from the rectum. A saline solution may also be injected into the areolar tissue. Vomiting from ether cures itself. If it continues more than two days some other cause must be sought. If simple means fail, the vomiting will be found due to peritonitis or impending obstruction of the bowels. In either case the bowels should be moved at all hazards. When fever occurs, the bowels should be kept frequently open and the body sponged frequently with cool water. The use of antipyretics is of doubtful value. When to re-open the abdomen, and when to resort to medical measures is a difficult problem. In general, when the skin is dry, the face flushed, and the pulse full and bounding, secondary operation will be unnecessary. When the skin is "leaky," the extremities cool and the pulse rapid, and feeble absorption of septic material is going on an operation is indicated. Opium in any form in typical cases of abdominal section is unnecessary. Occasionally morphia is

useful when a nervous patient becomes excited and can not otherwise be controlled. Asthenia must be combatted by the systematic use of nutritive enema with whiskey, together with the administration of such liquid food as the stomach will bear. Champagne can often be given with advantage when other stimulants are rejected. Less can be done by alimentation and medication after abdominal section to combat asthenia than after other operations, because as a rule the stomach is not available.

*Discussion of Uterine Tumors and their treatment.*—Dr. A. J. C. Skene of Brooklyn: "I think the tendency of the discussion on this subject is not in the right direction. We find good room for all kinds of treatment. We must be guarded by the cases which come under our observation. When shall we employ the one agent and when the other is the great point. Whether more cases can be cured by electricity or by hysterectomy, we have not the data to enable us to decide. Electricity has been used where hysterectomy should have been performed, and vice versa. I believe most positively that electricity if properly applied will control a large number of cases of this kind, that it will not destroy entirely in many cases I am sure. Now that we take these cases early, we still have more success. The dangers at first surrounding the use of electricity for fibroid tumors are being very rapidly overcome. I object to the puncture, which I think not only unnecessary, but also dangerous. Electrical treatment can be used very well without it. I believe that the death rate from hysterectomy for fibroid tumors of the uterus is greater to-day than of those left alone, both in Europe and America."

Dr. J. M. Baldy of Philadelphia: "Most cases of fibroid tumor which pass through my hands require no treatment at all, unless palliative. I accept the axiom that electricity relieves pain and hemorrhage. I used relieve, in place of cure, advisedly. Electricity is a remedy and only one of a number. I believe that hysterectomy will be the choice in the future for large tumors."

Dr. H. A. Frey of Washington: "I had a case where I cauterized the skin of the abdomen. I give eighty-five to one

hundred milliametres and up to two hundred and seventy-five milliametres. One patient after fifth application told me that she felt colicky pains and felt something come down which she supposed was her womb. I found a piece of tumor eight inches long, a typical fibro-myomatous tumor evidently carried from upper portion of the uterus. Menstruation is reduced very much. There is evidently a sloughing process going on, fever and apparently septic infection being present."

Dr. Franklin H. Martin of Chicago: "I have had a large experience in the treatment of fibroid tumors of the uterus during the past six years. The number has reached two hundred and fifty since I began the Apostoli method of treatment. I have made every effort not to be too conservative or to go too much in a rut. I believe about seventy-five per cent. can be treated with benefit by electrolysis; twenty-five per cent. can be treated by operative means. I will never again treat a patient with electropuncture, unless I have the patient in a hospital. Any of the cases reported by Dr. Price would be better treated by electricity."

Mordecai Price, Philadelphia: "I am in favor of hysterectomy for fibroid tumors. Electricity in fibroid tumors is useless except as a placebo. My impression of fibroid tumors is if left alone they do not disappear. They will, if left alone, probably go on to the menopause and then decrease in size. Instead of operating on every case which comes into our hands, not one in ten are operated on. Does electricity remove or cure fibroid tumors or not? I think it has never cured a fibroid tumor."

Dr. Florian Krug, of New York: I am of the opinion that electricity as a cure for fibroid tumors is a dead failure, in my hands. I favor the extra-peritoneal treatment of the pedicle in hysterectomy for fibroids as per Hegar and Kaltenbach. I do not see the benefit in leaving the stump at all. I have done a hysterectomy in thirty minutes. I do not favor the clamp, and think it poor surgery to clamp where you can tie.

Dr. Joseph Hoffman, of Philadelphia: I think the question of removal of the appendages one which we cannot too carefully consider.

## *Selections.*

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**PLASTER BANDAGE IN THE TREATMENT OF SPRAINED ANKLE.**—When I was a boy a sprained ankle was considered a serious lesion, and it took weeks to get well. Clay and vinegar were in demand, and the doctor was seldom consulted; the injured one hobbled about to get well as best he could. The fact is that the old people were afraid to keep the joint perfectly at rest, lest it might become stiff.

My method for the treatment of this injury will be described in the history and treatment of the cases reported below.

I am well aware that I am not describing anything new, but if those of my readers who have never used it will try it, they will find it vastly superior to the treatment of rest in bed and evaporating lotions.

*Case 1.*—The first case which I recall was that of a laborer, fifty years of age, well developed, about five feet eight inches in height, and weighing 150 pounds. He fell on his ankle. When I saw him, one hour after the accident, he was sitting in a chair with his feet on a pillow in another chair. The pain was excruciating. The ankle was well encased in clay and vinegar. The joint was much swollen, and the least motion gave intense pain. As well as I could make out there were no bones broken.

I ordered him to bathe the joint repeatedly in hot water through the afternoon until bedtime, and gave him a hypodermic injection of morphine.

My method of bathing the joint is to start with water as warm as can be comfortably borne, rapidly increasing the temperature by adding boiling water, and dipping water out of the vessel as the hot water is added. Continue this process for twenty minutes. This must be done at intervals of two hours for three or four times.

On the following morning I saw the patient again. He had passed a fairly comfortable night ; but as the effects of the morphine had worn off, the least movement of the foot gave pain. I snugly applied a piece of flannel from the instep to above the ankle joint, and over this a plaster bandage. I then put the foot at the window, exposed to the sunshine, and resting on a chair, directed him to let it remain there until the plaster was hard, and not to put the foot on the floor that day.

Three days afterward he was out in his yard putting up a fence. He said the joint was immovable, and gave him no pain to bear his weight on it. He made a rapid recovery.

*Case 2* was that of a "society" lady, who, in returning from an evening's entertainment, stepped on a stone and sprained her ankle.

I saw her the next morning. Her mother had bathed the joint in warm water and applied a mixture of sweet oil, laudanum and arnica. I found the joint swollen and very painful. The hot water treatment was used to reduce the swelling, and on the next day the plaster bandage was applied. As soon as the dressing hardened, there was complete relief from pain, and she could bear her weight on the injured foot. In a few days she walked out to church.

*Case 3.*—This case has been very recently discharged. I was sent for to see a man sick at the residence of Mr. L., a well-to-do farmer. After I had prescribed for the sick man, I was requested to see Mr. L. I found him sitting before the fire with his foot wrapped up in flannel cloths, and resting on a chair before him. He said he had sprained his ankle five days before, but his wife said that nothing could be done but to keep still and bathe the ankle with laudanum and arnica. He had bathed it in hot water ; clay and vinegar had been applied, hot lye used, etc.

I found the joint very much swollen and sensitive to touch. He could not bear any weight on it, and when the foot hung down, the ankle would swell much more and become very painful.

I applied the bandage on the next day, Saturday. On Monday he was walking about his place with the aid of a crutch. There was no pain, only a little soreness, caused by the bandage

rubbing the front of the leg. I split up the bandage about an inch, trimmed off the edges and relieved the parts. He wore this dressing for a few days and was cured.

Among the advantages claimed for this method over the old plan, none stands out with greater prominence than the absolute and immediate relief from pain; and this is a factor that the surgeon desires to cancel as soon as possible in the treatment of any injury. My patients tell me it is very inconvenient having such a weight hanging on their leg, but there is no pain.

Again, by this treatment the patient can attend to his business—at least, partially—as soon as the plaster sets. This is quite a consideration. The farmer in the case above cited was able to conduct and look after the operations of his farm.

Try this treatment, those of my professional brethren who have not, and I am sure you will be pleased.—*Jesse H. Peak, M.D., in Va. Med. Monthly.*

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THE TREATMENT OF HYDROCELE BY CARBOLIC ACID INJECTION.\*—Carbolic acid for the cure of hydrocele is said to have been employed as early as 1872 by Levis, of Philadelphia, but no report was made of it until 1881.

Since then a number of articles have been written by leading surgeons in this country, thoroughly approving of the method.

The radical or cutting operation of Volkman and its various modifications, while usually successful in relieving the hydrocele, require the use of an anæsthetic, and a week or more in bed should suppuration occur.

The method of Levis by carbolic injection is practically painless, confinement to bed is in no sense essential to the relief of the condition, and unless an inordinate amount (over thirty minims) be used sloughing should never occur.

Out of the large number of cases of hydrocele met with in the hernia department of the Hospital for Rupture and Crippled, I have injected fifty-four with carbolic acid.

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\*Read at the Seventh Annual Meeting of the Fifth District branch of the New York State Medical Association, held in Brooklyn, May 26, 1891, by S. E. Milliken, M.D., Lecturer at the N. Y. Polyclinic.

*Apparatus.*—The simplest and most efficient apparatus is a small trocar. After thorough evacuation a hypodermic syringe can be screwed on to the canula, permitting the injection being made without allowing one drop of the acid to come in contact with the skin of the scrotum.

When m. v-xxv of liquified crystals of carbolic are distributed over the whole serous surface, two or three minims in each place, nothing more than a sense of warmth is felt. After removal of the canula, slight kneading of the sac may be done to insure thorough coating of its walls with the irritant.

Usually within twenty-four hours the height of the inflammatory reaction will have been reached, which consists of lymph and serous exudation, at times becoming hæmorrhagic. In a number of cases I have used a small aspirating needle to ascertain just what process was going on, and in several instances I removed the recently exuded fluid, allowing the sac walls to collapse more quickly.

Of the 54 cases, 9 were never seen after the injection; 5 paid me one visit within the first week only, and 4 are at present under observation. This brings my number down to 36, all of whom were cured; 27 had one injection, 4 had two injections, 5 had three injections.

In no case has sloughing occurred, and not one of the 36 patients lost more than 24 hours from business. From two to six weeks is necessary for absorption of the exudation to take place, and thickening of the sac may remain much longer.

Although a drachm and a half of the acid has been injected, without any detrimental effects, a smaller quantity has caused sloughing. I therefore prefer doing a second, or even a third operation, using in no case more than thirty minims.

*Conclusions.*—1. Carbolic injection is a safe method for the cure of hydrocele.

2. It is practically painless.

3. The patient is allowed to attend to business without more than one day's delay.

4. The disagreeable effects of an anæsthetic are avoided.—*Annals of Surgery.*



**HOW TO KEEP NEEDLES FROM RUSTING.**—Dr. R. H. M. Dawbarn writes to the *New York Medical Journal* regarding the above subject: "For the past year I have been pleased with the results of a new plan—new to me, that is, though very probably not to others. This is simply to keep my needles in alcohol. For extreme safety against rust I use absolute alcohol; but the commercial article would probably be efficient. At least, some needles that I have kept in common alcohol for a month as an experiment are as bright as ever. Upon buying the needles I immerse them in benzine to remove the grease. Then, after running them through a towel, I plunge the point (a cutting-edge Hagedorn) into a bit of cork the size of a pea—to avoid dulling from jolting—and, finally, with their corks, they are put and kept in a wide-mouthed, glass-stoppered bottle filled with absolute alcohol. After use, I sew through a thick, wet, soapy towel repeatedly, cleanse the eye with a thread, immerse in benzine, and finally replace in the alcohol. This last is certainly an efficient disinfectant, besides being an excellent protector against rust. By the bye, I long ago gave up using (save in bowel work) any other than Hagedorn self-threading needles, which are a decided comfort, and, when properly made, do not cut the thread."—*Med. Record*.

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**THE INITIATIVE.**—Napoleon was considered pretty good authority upon matters military, and he always insisted upon the importance of taking the initiative. There are many occasions in which the physician must show his generalship by acting upon this maxim. An accident occurs, and half a dozen medical men rush to the spot. One throws off his coat, opens his case, and goes to work at the victim, while the others help, or look on. A woman is undergoing the pangs of maternity, and her groans begin to make the spectators uneasy. The doctor sits quiet, saying little, doing less. One begins to suggest this, another to recommend that; and finally the doctor is flatly ordered to "do something, or send for a man who will."

A more skillful manager does the suggesting himself. He sends the most uneasy person present after chloroform, another

for brandy ; others see to the hot water, the baby clothes, the binder, the granny pins, the disinfectant solutions, etc., etc. He comforts the sufferer, holds her back, gets the nurse to give her hands to the patient to pull during pains, or fastens a sheet to the bed post for the same purpose. In a word, he busies himself, and finds something for every individual to do. Maybe he doesn't know the presentation and couldn't describe the Veit Smellie method to save his neck ; but the people are all satisfied to have some one take the authority, and the new mother says, "Oh, doctor, you helped me so much ! I'll never forget your kindness." And she never will.

Take the initiative !

Never mind whether you are the best or not. Assume that you are until some one proves himself the better. Nineteen times out of twenty the crowd coincides with the first man who gets up and tells them what they all think.—*Times and Reporter*.

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**THE ACTION OF HEART TONICS.**—Dr. William Henry Porter, Professor of Clinical Medicine, etc., in New York Postgraduate Medical School (*Med. News*, August and September), concludes a series of interesting papers on this subject, as follows :

A uniform cardiac rhythm and a normal vascular tone being absolutely essential for the most perfect nutritive interchange, a similar or slightly augmented action of the heart and a uniformly sustained circulation of a large volume of blood in the arterial capillaries is absolutely indispensable for the development and maintenance of a compensatory hypertrophy, to offset the mechanical defect, or to remove the functional irregularity of the heart.

This last class of drugs, called tonics, is found to be the most serviceable for the accomplishment of this desirable result.

Ammonium carbonate for immediate action, followed by the judicious use of alcohol and a well-selected proteid diet, will quickly regulate the cardiac rhythm, steady the vascular tone and augment the nutritive function, not only of the heart-muscle, but of all the tissues and glands of the body.

For a more permanent action and for the development of a

lasting compensatory hypertrophy of the muscular fibres of the heart-walls the following formula has been largely used at my clinic and in private practice, and has thus far yielded most satisfactory results :

R. Tr. belladonnæ ..... fʒ ij-ijj  
 Tr. opii deod..... fʒ ij-iv  
 Tr. nucis vomicæ..... fʒ iv-vj  
 Tr. gentian. co.,      q. s. ad..... fʒ ij  
 Sig.—fʒj every four hours.

With this combination and line of treatment, a permanently sustained and fully compensatory hypertrophy has been repeatedly established in the patients who have, during the past five or six years, come to my clinic for treatment. We have frequently pushed the digitalis and continued its use as long as the safety of the patient would admit, but in every instance the heart-muscle deteriorated under its continued administrations. With the cardiac tonics, and especially this formula, the desired result could be obtained, even after the damaging effects of digitalis had been produced.—*Coll. and Clin. Record.*

SWEET OIL IN THE TREATMENT OF GALL-STONES.\*—The subject of the action of sweet oil in the treatment of biliary colic and catarrh of the hepatic passages has recently been warmly discussed. There are many who regard this agent as being much overrated, while many others believe that it has a very beneficial influence on this disease. In view of the divided opinions on, and the importance of, this matter, the Therapeutic Section of the Philadelphia Polyclinic Medical Society has, as a part of its scientific work, undertaken a special collective investigation concerning the clinical value of this drug in gall-stone colic. With this end in view, the undersigned committee was appointed, and directed to send a number of circulars to the members of the profession, of which the following is a copy :

"Sex and age of patient? Seat of pain? Jaundice? Previous attacks? Did you test any other remedy, and with what results? Result of treatment with olive oil. Remarks."

\*A Collective Investigation by the Therapeutic Section of the Philadelphia Polyclinic Medical Society, read September 6, 1891, by Thomas J. Mays, M.D., of Philadelphia.

To these circulars nineteen replies were received, and thirty-seven cases of gall-stone colic treated with olive oil were reported. To these members of the profession the warmest thanks of the committee are due for the promptitude with which they responded. Additionally the committee imposed the task upon itself to collect, as far as possible, all the previously reported cases of biliary colic which were treated according to this method, and succeeded in gathering records of seventeen cases, making altogether a list of fifty-four cases, a condensed history of which is presented in an accompanying table.

An analysis of these fifty-four cases shows that there were about one-third more females than males who suffered from gall stone colic; that two died, that in three negative results were obtained, and that in fifty, or in 98 per cent., positive relief was afforded. These results make a better showing still, when we consider that one of those who died was suffering from adhesive obstruction of the bile-ducts—a disease which no procedure, either medical or surgical, could have remedied. Nor do these figures give us a true estimate of the favorable action of olive oil in this disease; for two of the observers state that they have treated forty other cases of biliary colic without a failure, but of which they had kept no record—making in all a collective return of eighty-nine cases—showing the great value of this drug.

These cases illustrate, then, the positive efficaciousness of sweet oil in the treatment of gall-stone colic, and the question naturally arises, therefore, as to the manner in which this agent acts. Dr. Rosenberg's experiments ("Ueber die Anwendung des Olivenöls bei der Behandlung der Gallensteinkrankheit," *Therapeutische Monatshefte*, December, 1889, S. 542) demonstrate beyond a doubt that it largely increases the quantity of bile secreted, while at the same time it diminishes its consistency. But how does it accomplish this? Does it stimulate the biliary channels by coming in contact with their openings into the alimentary canal? Or is it decomposed into fatty acids and glycerin through the instrumentality of the pancreatic juice, and does the "glycerin so liberated exert in the duodenum an action similar to that which takes place when it is introduced into the rectum," caus-

ing a powerful reflex peristalsis—an ingenious theory suggested by Dr. D. D. Stewart? (\*) Or does it act in accordance with the hypothesis formulated by Virchow, who shows from his own experiments (*Therapeutische Monatshefte*, 1890, S. 86), that it is absorbed from the alimentary canal, is excreted by the liver, and is thrown into the bowels again through the biliary passages? The last of these theories appears to be most rational, because it explains certain well-known features in its action, and also places it on a level with the action of other cholagogues. We may conceive then that the beneficial influence of oil consists not so much in dissolving the biliary excretion, as in flushing, and in lubricating and washing out the passages of the liver.

Another point of interest in this collection is as to the proper dose of the oil. Are the large doses necessary which were administered to most of the cases in this collection? It appears not, for eight of the cases (Nos. 11, 12, 15, 16, 22, 23, 24 and 25) received only dessert-spoonful doses every three or four hours, and apparently with the same prompt and positive relief as that which was afforded by doses of from five ounces to one and two pints. If this should be confirmed by further experience it would be a great practical gain, in view of the fact that a great many persons show a strong aversion to all kinds of oil, especially if they are to be taken in large quantities.

Furthermore, according to the observation of Dr. Stewart (case 37), it does not appear to make any difference whether olive or cotton-seed oil is used. Indeed it is well known that much of the oil which is sold as olive is in reality refined cotton-seed oil; and Dr. Stewart's observation tends to show that in all probability any bland oil will have the same effect on the disease under consideration.

In conclusion, the committee desires to congratulate the Polyclinic Medical Society on the selection of a subject for collective investigation which has proven so fruitful of practical results as that which is embodied in this report; and expresses the hope that it may continue its good work of testing therapeutic agents

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\* "A Suggestion as to the Action of Olive or Cotton-seed Oil in Gall-Stone Colic." By Dr. D. D. Stewart, *Medical News*, November 23, 1889.

in a clinical way. It is true that animal experimentation often points out the path in which the usefulness of a drug lies, but clinical and collective research is after all the crucial and final test of all true therapeutic progress.—*Cin. Lancet-Clinic.*

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**A NEW THEORY OF LA GRIPPE.**—The unaccountable nature of the influenza commonly known as the grippe has invited the theories of all sorts and conditions of men, not to say of doctors, but among all no one is, perhaps, so well calculated to commend itself to confidence as that of Sir Morrell Mackenzie, M.D., who asserts that in his opinion “the riddle of influenza is poisoned nerves,” and from this hypothesis “the bewildering diversity of symptoms becomes intelligible, if we regard them as the results of disordered nervous action.” Dr. Mackenzie compares it to the extraordinary disturbance in telegraphic systems produced by a thunderstorm, and says this is nothing “compared with the freaks played by the living conductors in the human body, if any thing throws the governing centres out of gear.”

Now the theory of “poisoned nerves” is one that explains the almost infinite variety of attacks and curious freaks that mark the disease. No two persons, it is safe to say, have ever experienced precisely the same symptoms, and if it is a nervous disturbance, this is the natural result. Dr. Mackenzie regards the epidemic as falling under three general types, each of which include many varieties; these are the catarrhal, the digestive, and the nervous. “Influenza,” he says, “is the very Proteus of disease, a malady which assumes so many forms that it seems to be not one, but an epitome of all diseases, and its symptomology includes, almost everything, from a cold in the head to inflammation of the brain. \* \* \* It is really an acute specific fever, running a definite course like measles or scarlatina. \* \* \* It is a disease with that superficial complexity of aspect which made Mrs. Carlyle playfully suggest “that the doctors had agreed to call half a dozen different diseases by one name in order to simplify treatment.”

Dr. Mackenzie adds that under all disguises, he believes the disease to be perfectly simple; that the profound impression

made on the nervous system by the poison explains nearly all the after effects of the malady, and especially that curious loss of vital energy which is so disproportionately great in comparison with the disease itself. The cause Dr. Mackenzie believes to be a living germ, air borne, but of what nature is not yet, he believes, established.—*The Doctor*.

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**TREATMENT OF TYPHOID FEVER.**—As regards the treatment of enteric fever as now practiced, I can only say the tendency of the profession is to use less medication and rely most upon some form of antiseptic, salol and listerine holding first place in the hands of the writer, and otherwise meeting indications as they arise. With the use of salol and listerine in a few cases of typhoid fever I have observed the tympanites nil, the diarrhoea was more easily controlled, the fever mild, the tongue less dry, and delirium scarcely noticeable, while the cases were not so protracted.

Salol is given with a view to the fact that, being an acid compound, it will pass through the stomach as salol and be broken up in the alkaline solution of the intestinal tract, and there spend its force as an antiseptic, not only on the contents of the bowel, but by being absorbed after reaching the intestinal tract. Its properties may also affect the deeper-seated bacilli in the glands.—*J. F. Purdom, M.D., in Am. Pract. and News*.

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**BICHLORIDE OF GOLD TREATMENT FOR INEBRIETY.**—The so-called bichloride of gold treatment of inebriety, for which so much has been claimed, and to which the newspaper press has given such prominence, proves to be a rank humbug. Bichloride of gold, though a chemical possibility, is impossible therapeutically, as the preparation reduces and becomes inert the moment the chemical bichloride transformation is effected.

It is stated that the remedies employed by the manager of the institution, which has been chiefly identified with this treatment at Dwight, Illinois, are the hypodermatic use of cocaine and administration by mouth of the so-called bichloride of gold, which a recent analysis reveals to be a weak solution of aloin in water

combined with comp. tr. cinchona. The only gold used in the treatment is that supplied by the dupes in the form of fees.

The favorable effects of this treatment are in part due to the action of cocaine, but chiefly to the mental effect on the patients who, emotionally stimulated by faith in the promised cure, are enabled to gain temporary control of their habit. The lay and religious press have given the chief quack and his humbug an amount of free advertising beyond computation.

The Secretary of the State Board of Health of Illinois is authority for the statement that the manager of this institution at Dwight was refused a license to practice medicine in Illinois.—*Med. Age.*

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**ARISTOL IN DISEASES OF THE EAR AND NOSE.**—Aristol was so-warmly recommended to me as an antiseptic and a cicatrisant that I felt impelled to institute extended trials of it in polyclinic and in practice for patients suffering from diseases of the ear and nose.

Rohrer was the first to announce the results obtained by the use of aristol in ear diseases. He used it in acute and subacute middle ear inflammations by insufflation, after drying the cavity. There resulted a rapid decrease of secretion and tumefaction, and an early healing of the perforation.

Aristol was quite as serviceable in otitis externa and ozena. Rohrer reports twenty cases in which the effect of aristol was better than that of the usual remedies, especially boric acid, iodoform, and iodol.

Pirii, in one hundred and eighty-two cases of rhinitis ulcerosa, ozena of the nose, obtained very good results from the use of aristol in powder and aristol ointment. Massini obtained excellent results in fetid rhinitis by the use of aristolized tampons.

I have employed aristol as a powder and as an ointment, and have also used it intimately mixed with glycerine. In eight of my cases the suppuration was promptly removed. In fourteen cases the result was gained, but not so rapidly. In ten cases there was some increase of secretion.

Aristol proved to be exceedingly valuable, as also stated by



Szenes, in determining the formation of granulations in the tympanic cavity or auditory canal. Of twenty-two cases (of whom a portion had been treated by lunar caustic with little benefit) thirteen showed under aristol a very rapid improvement. Within a few days the proliferations had completely or very considerably dried up. In six cases there was a somewhat less marked improvement. In three cases of otitis diffuse externa with supuration the condition yielded quickly to treatment by aristol.

I obtained very satisfactory results from the use of aristol in nasal diseases. I tested it in twenty-six cases, of which three were nasal syphilis, fifteen were non-syphilitic ozena, and eight were cases of granulative formations.

The effect of aristol in a large majority of the above cases was really surprising. The aristol powder is much better borne than is the case with the soziodol salts or the acetico-tartrate of aluminium, for which I once had a preference. Headache occurred very rarely, and lachrymation was insignificant as compared with what we get from other remedies used in the form of powder.

After the first treatment by aristol the fetor often disappears at once for twenty-four hours. On longer treatment the fetor vanishes for days at a time, and cure is finally obtained. The appearance of the mucous membrane quickly improves on the atrophic surfaces, as well as in their neighborhood, when the surrounding tissue is hypertrophied. I prefer aristol to acetico-tartrate of aluminium in these cases, for the latter is very irritating.

Ulcerous conditions of a syphilitic origin showed a remarkable tendency to heal after a very short use of aristol. This remedy is, in these cases, second to none of those usually employed.

As in ear cases, so also in nasal cases, the proliferations of granulation tissue were very rapidly improved by the use of aristol. In many of my cases the granulations were permanently removed by insufflation of aristol, or by tampons impregnated with that preparation. I noted that aristol excited a less considerable hypersecretion than other remedies, such, for instance, as iodoform or the acetico-tartrate of aluminium.

For affections of the nose aristol constitutes a noteworthy enrichment of our treasury of therapeutic agents, and I would also

recommend its use in aural therapy, in which it would receive a very extended trial.—*Prof. K. Burkner, Gottingen University Clinic for Diseases of the Eye and Ear, Berlin Klin. Woch.*

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**SANTAL OIL FOR COUGH.**—Curtain (*Philada. Hosp. Rep.*) finds that sandal wood oil often gives relief to the cough in phthisis, catarrhal pneumonia, chronic bronchitis, with asthma and influenza. It is given on sugar or floated on water.

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**POISON OAK**—Dr. J. J. Levick, in *Medical News*, reports a case in which severe poisoning from rhus toxicodendron was promptly much relieved by the free dusting of powdered aristol on the affected parts.

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## *Editorial.*

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### MEETING OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION, AT ST. LOUIS, MO., OCTOBER 14, 15 AND 16, 1891.

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#### FIRST DAY'S SESSION.

The seventeenth annual session was called to order at 11:15 A.M., Wednesday, October 14th, in the Pickwick Theatre, by Dr. I. N. Love, Chairman of the Committee on Arrangements, quite a large number of representative medical men of the great interior of our grand country being in attendance.

Prayer was offered by Rt. Rev. Dan'l S. Tuttle.

The proceedings were begun by an address of welcome by Dr. Ludwig Bremer, President of the St. Louis Medical Society. His address was brief, as he thought that most of the time should be devoted to scientific discussions.

At the close of Dr. Bremer's address, Dr. W. B. Outten, President of the Beaumont Medical College, delivered an address of welcome in behalf of the State Medical Association.

Dr. Harold N. Moyer, M.D., of Chicago, Ill., followed with an address of welcome on behalf of the medical profession of Chicago.

Dr. J. C. Culbertson, of Chicago, then responded to the addresses of welcome in behalf of the American Medical Association.

The Chairman of the Committee of Arrangements then announced that receptions would be held at night from 8 to 12 o'clock at the residences of Dr. and Mrs. C. H. Hughes, Dr. and Mrs. Young H. Bond, Dr. and Mrs. I. N. Love and Dr. and Mrs. Frank Fry. He also reported that a public session would be held Thursday evening, from 8 to 10 o'clock, at the Pickwick Theatre. He further stated that during this session the President of the Association, Dr. C. H. Hughes, would deliver the President's annual address, and that other addresses would be made by Dr. John B. Hamilton, surgeon-general, M. H. S., Chicago, Ill., on "The Drainage of Chicago;" Dr. Joseph M. Matthews, of Louisville, Ky., on "Lights and Shadows of a Doctor's Life;" and Dr. Hunter Maguire, ex-Surgeon-General C. S. A., Richmond, Va., "The Southern Doctor." Proceeding, Dr. Love further outlined the programme for the convention. At the close of the evening's session, a banquet would be tendered the members of the Association at the Lindell Hotel.

After these announcements, Mayor Noonan addressed the convention, welcoming the members warmly and cordially inviting them to make themselves at home in St. Louis.

Dr. C. H. Hughes, President of the Association, was then introduced by Chairman Love, and took the chair. The President announced that the reading and discussion of scientific papers was in order, and Dr. J. C. Culbertson, of Chicago, read a paper on "The Toxic Effect of Tobacco Vapor," with report of cases. He said: "The presence of tobacco poison in the systems of tobacco workers is manifested during the first day or two by violent vomiting, retching, purging and often a state of collapse, after which the system may become inured to it." At the close of the reading of this paper, the hour of 12 o'clock had arrived and a recess was taken until 2 o'clock, when the convention reassembled and the reading and discussion of scientific papers proceeded.

Dr. Robt. C. Kenner, of Louisville, Ky., read an interesting paper on "The Treatment of Typhoid Fever." Discussion was invited upon the subject, in which the following members participated:

Dr. John A. Larabee, of Louisville, Ky.; Dr. James T. Jelks, of Hot Springs, Ark.; Dr. C. S. Bond, of Richmond, Va., and Dr. S. S. Thorne, of Toledo, O.

Dr. Wm. Warren Potter, of Buffalo, N. Y., was introduced and read an instructive paper on "A Pathological Study of Pelvic Inflammation in Women." He impressed the importance of a careful study of the subject by general practitioners. A paper on "Nervous Equation of Pelvic Inflammation," was read by Dr. Geo. F. Hulbert, of St. Louis. Both papers were discussed.

Dr. L. T. Reismeyer, of St. Louis, read an interesting paper on the "Pathology and Treatment of the so-called Strumous Inguinal Lymphadenitis." Following this reading Dr. D. S. Booth, of Belleville, Ill., read a paper on "Some Monstrosities at and after Birth."

After this, as the hour was growing late, the convention adjourned to meet again next morning at 10 o'clock.

In the evening the members of the Association were very hospitably entertained at the receptions Dr. Love referred to.

During the day the members examined with great interest the fine display of pharmaceutical goods exhibited in the lower hall of the Pickwick Theatre. About fifty representative pharmaceutical houses of the country made especial efforts to show the members of the profession the advances that have in late years been made in pharmacy.

The wives of the local physicians met in the ladies' ordinary of the Lindell Hotel at 2:30 o'clock in the afternoon, to form a reception committee to care for the wives of visiting doctors.

#### SECOND DAY'S SESSION.

The attendance was considerably larger than on the previous day and much interest was taken in the reading and discussion of scientific papers.

The day's proceedings were opened with prayer by Rev. Dr. S. J. Niccolls.

Upon motion the discussion of papers was limited to five minutes.

The first paper considered was one read on the day before by Dr. Wm. Warren Potter, on "Pathological Study of Pelvic Inflammation in Women." This paper was discussed by Dr. Charles A. L. Reed, of Cincinnati, Dr. Rufus B. Hall, of Cincinnati, Dr. W. H. Link, of Petersburg, Ind., Dr. C. H. Hughes, of St. Louis, and Dr. W. Hatch, of Quincy, Ill.

The next paper read and discussed was that of Dr. Rufus B. Hall, of Cincinnati, on "Complications During and Following Abdominal Section." Dr. Hall took the ground that general practitioners should be trained and educated in this particular field of surgery. Discussion

on the subject followed by Dr. W. A. Thompson, of Indiana, Dr. W. H. Link, of Indiana, Dr. G. E. Asdale, of Pittsburg, Pa., Dr. W. P. King, of Kansas City, and others.

Dr. Arch Dixon, of Henderson, Ky., exhibited a patient in connection with the reading of his paper on "Gastrostomy for Impermeable Strictures of the (Esophagus—Subsequent Dilatation of the Stricture." Dr. C. H. Dalton, Superintendent of the City Hospital, discussed the paper, reporting a similar case.

Dr. L. Ch. Boisliniere, Chairman of the Committee on Reception, exhibited a new obstetric forceps of his own design.

The convention adjourned at 12:30 o'clock to meet again at 2 P.M., when the reading and discussion was resumed.

Dr. J. W. Carhart, of Lampasas, Tex., read a paper on "The Influence of Graveyards on Public Health." He argued that a great many people objected to cremation strictly from a religious standpoint, but that medical men who studied the subject carefully, fully indorsed it.

Dr. James T. Jelks, of Hot Springs, then read his paper on "Blenorrhoea."

At the close of the reading, President C. H. Hughes announced the following Committee on Nominations: Dr. Arch Dixon, of Kentucky; Dr. X. C. Scott, of Ohio; Dr. C. A. Early, of Pennsylvania; Dr. A. M. Owens, of Indiana; Dr. G. F. Lydston, of Illinois; Dr. H. G. Walker, of Michigan; Dr. I. N. Love, of Missouri; Dr. J. T. Jelks, of Arkansas; and Dr. G. C. Savage, of Tennessee.

Prof. Landon Carter Grey, of New York, read a paper on "The Present Aspect of Cerebral Surgery." Among other things, he mentioned the fact that no patient had ever recovered who had been operated upon for epilepsy. He also reviewed the contributions of Victor, Horsely and David Ferrier. Liberal discussion followed by Dr. Ludwig Bremer, Dr. H. H. Mudd, Dr. F. G. Fry, Dr. Foot, of Kansas City, Dr. C. H. Hughes, and Dr. Arch Dixon, of Henderson, Ky. The discussion was closed by Dr. Grey.

The importance of recognizing a temporary rachitic condition in infants was the subject of a paper by Dr. John A. Larabee, of Louisville, Ky. He said that the average practitioner overlooked this condition in early life, a great many attributing the crying spells of children to teething, when careful observation has shown that these spells are due to rachitis. The paper was discussed by Dr. W. S. Christopher, of Chicago and Dr. C. S. Bond, of Richmond, Ind.

Dr. F. C. Hoyt, of St. Joseph, Mo., read a paper on "Pachymeningitis Hemorrhagica Interna Chronica," with a report of a case and exhibited a pathological specimen.

Papers were then read by Dr. J. E. Tefft, of Springfield, Mo., on "Surgical Shock;" Dr. Seth S. Bishop, on "A Superior Remedy for Nasal Catarrh: Camphor-Menthol;" and Dr. F. King, of New York, on "The Poroplastic Felt Jacket for Spinal Troubles." The convention then adjourned until 8 o'clock.

In the evening Pickwick Theatre was crowded to its utmost capacity with friends and members of the Mississippi Valley Medical Association. The occasion was a public session of the Association. Addresses were made by prominent physicians from different parts of the country.

The President's address was delivered by Dr. C. H. Hughes of St. Louis, and reviewed the progress of medicine and surgery in the past decade.

Dr. John B. Hamilton, Surgeon-General, M. H. S., Chicago, Ill., read a paper on "The Drainage of Chicago," which dealt chiefly with the topography of that city.

One of the features of the evening's entertainment was the address of Dr. Joseph M. Matthews, of Louisville, Ky., on "Lights and Shadows of a Doctor's Life." His remarks were eloquent and effective and more than once so forcibly appealed to the appreciation of the audience that he was accorded the most liberal applause.

Immediately after the adjournment the gentlemen repaired to the Lindell Hotel, where they were tendered a banquet, while their wives were entertained at the School of Fine Arts.

#### THIRD DAY'S SESSION.

The last day's proceedings were characterized by the reading and discussion of scientific papers. The convention was called to order by Dr. C. H. Hughes, and the introductory prayer was dispensed with owing to the absence of Rev. Dr. J. W. Ford.

Dr. Charles Truax, of Chicago, Ill., read a paper on the subject: "Are Conservative Amputations Always in the Interest of the Patient?"

At the close of the reading the Committee on Nominations made its report. The following officers were elected for the ensuing year: President, Dr. C. A. L. Reed, of Cincinnati, O.; First Vice-President, Dr. C. S. Bond, of Richmond, Ind.; Second Vice-President, Dr. T. H. Stuckey, of Louisville, Ky.; Secretary, Dr. E. S. McKee, of Cin

cinnati, O. The committee reported that Cincinnati had been selected as the place for holding the annual convention of the Association, in October, 1892. The report of the committee was unanimously adopted.

A paper on "Intestinal Obstruction," was read by Dr. H. H. Mudd, of St. Louis. He favored surgical interference in cases that could not be successfully treated by salines. The subject was discussed by Drs. W. H. Linck, J. T. Jelks and W. B. Outten.

Dr. H. G. Dalton, of St. Louis, presented an interesting paper on "Temperature No Guide in Peritonitis." He said that surgeons found it difficult to convince the average physician that a violent peritonitis might exist with a normal or even a subnormal temperature. Dr. G. A. Golamore discussed the paper.

Dr. W. H. Linck, of Petersburg, Ind., read a paper on "Appendicitis." The author advised that in the commencement of the disease, salines should be given, together with perfect rest in bed.

Dr. G. Frank Lydston, of Chicago, read a paper on "Observations on Urethral Stricture." The paper was discussed by Drs. D. S. Booth and J. T. Jelks.

Dr. T. F. Prewitt made a report of a case of "Retention of Urine Caused by Multiple Urethral Calculi."

Dr. W. B. Outten spoke of "The Mechanical Element in the Treatment of Compound Fracture." His paper was discussed by Dr. A. Fulton, of Kansas City, and Dr. S. S. Thoms, of Toledo, O.

Dr. C. A. L. Reed, of Cincinnati, read a paper on "Observation on the Management of Uterine Tumors." It was discussed by Dr. Fulton, of Kansas City.

"Some Observations on Rectal Surgery in Europe," was the subject of a paper by Dr. Leon Straus, of St. Louis.

A review of the "Practice of Accouchment, with a number of Observations, by Paul Portal, of Paris, France," was read by Dr. John Bartlett, of Chicago.

Dr. J. F. Purdom, of Louisville, Ky., volunteered a paper on the "Relation of Tuberculosis to Tubercle Bacilli," which was discussed by Dr. Lydston.

In a few appropriate remarks President C. H. Hughes announced that the seventeenth annual session of the Mississippi Valley Medical Association had been one of the most successful in the history of the organization. He then introduced his successor, Dr. C. A. L. Reed, of Cincinnati, who made an exceedingly favorable impression. He

said that he had no doubt that Cincinnati would strive to compete with St. Louis in the matter of hospitality when the time comes for the next convention.

The convention adjourned at 2:30 o'clock and the members and their wives took a drive through Vandeventer place and out Grand avenue to the Fair Grounds, where they were treated to a lunch at the club house. During lunch Dr. I. N. Love introduced the following gentlemen, who entertained the large assemblage: Drs. C. H. Hughes, W. C. Wile, J. C. Culbertson, G. Frank Lydston, C. A. L. Reed and A. M. Owen.

After lunch the members repaired to their carriages and were driven through Forest and Tower Grove park.

---

IN CONVALESCENCE.—The lack of suitable foods for convalescents from severe illness, and in the treatment of typhoid and other low fevers is often felt by the practical physician. Milk, while of very great use often cannot be taken, and often causes trouble on account of the indigestibility of the casien. The various beef extracts, are more stimulating than nourishing, and the majority of prepared foods offered are either unpleasant to the taste, or difficult of digestion, and unsuited to the needs of the case. In such cases Malted Milk will form a very welcome addition to the dietary of the sick room. The basis of this food is pure fresh sterilized milk, in which the casein is rendered digestible by the action of the plant pepsin produced by a special method of malting the cereals originated by the manufacturers. It is pleasant to the taste, simply prepared by dissolving in water, no cooking being required, and will be retained and assimilated in many cases when all other foods fail.

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THE uncertain strength of Coca leaves make this drug very unreliable, unless a preparation is used, which we *know* to be made from a good leaf. "Robinson's Wine Coca" is prepared by percolating *assayed* Coca Leaves with Malaga Wine, and has always been found entirely satisfactory.

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SANDERS & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sanders, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.



PAN AMERICAN CONGRESS.

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The following is a list of the officers of this great meeting of American doctors to be held in Washington, D. C., October, 1893, as determined upon by the Committee on Organization which held its meetings in St. Louis during the sessions of the Mississippi Valley Medical Association.

Dr. Wm. Pepper of the University of Pennsylvania, President; Dr. Chas. A. L. Reed, Secretary-General; Dr. A. Van der Veer of Albany, N. Y., member of the International Committee from the United States; Dr. A. M. Owen, Treasurer.

The following gentlemen were elected to the Board of Trustees: Dr. P. O. Hooper of Little Rock, Ark.; Dr. H. O. Marcy of Boston, Dr. J. Kennedy of Des Moines, Ia.; Dr. H. D. Holton of Brattleboro, Vt.; Dr. A. Walter Sutter of Herkimer, N. Y.; Dr. W. T. Briggs of Nashville, Tenn., and Dr. Geo. F. Shrady, of New York City.

The following gentlemen were elected chairmen of the medical sections: General medicine, Dr. V. C. Vaughn of Ann Arbor, Mich.; military medicine and surgery, Dr. J. B. Hamilton of Chicago; obstetrics, Dr. Jas. W. McLeane of New York City; anatomy, Dr. J. B. Roberts of Philadelphia; physiology, Dr. Austin Flint of New York City; pathology, Dr. Francis Delafield of Philadelphia; therapeutics, Dr. Samuel O. Potter of San Francisco; diseases of children, Dr. Jno. M. Keating of Colorado Springs, Colo.; ophthalmology, Dr. Julian J. Chisholm, of Baltimore; otology, Dr. C. M. Hobby of Iowa City, Ia.; dermatology, Dr. Amant H. Ohmann-Dumesnil of St. Louis; diseases of the mind and nervous system, Dr. C. H. Hughes of St. Louis; gynecology, Dr. W. W. Potter of Buffalo, N. Y.; orthopædics, Dr. Ap. Morgan Vance of Louisville, Ky.; laryngology, Dr. E. Fletcher Ingalls of Chicago; hygiene, Dr. Stanford E. Chaille of Louisiana; naval hygiene and quarantine, Dr. Mills Browne, chief of the Naval Medical Bureau; medical pedagogics, Dr. D. B. St. John Roosa, New York City; medical jurisprudence, Dr. F. W. Draper, of Boston.

The selection of the Vice Presidents, one from each State and Territory, was left for a meeting of the entire Committee on Permanent Organization to be held in Detroit, Mich., next June, in connection with a meeting of the American Medical Association, it being considered too great a task for the committee at the present time.

The selection of secretaries for the medical sections was left to a

sub-committee composed of the following gentlemen: Dr. Wm. Pepper of Philadelphia; Dr. Charles A. L. Reed of Cincinnati; Dr. H. D. Holton of Brattleboro, Vt.; Dr. A. Walter Sutter of Herkimer, N. Y.; Dr. George H. Rohe of Baltimore, and Dr. H. O. Walker, of Detroit, Mich. This committee has full power to act and will report within a few weeks.

The various physicians serving on the committee express themselves as well satisfied with the progress of the work during the brief time allotted them while in St. Louis, and they departed in the full expectation of making the Pan-American Congress a conspicuous success.

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### THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

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The fourth annual session of the Southern Surgical and Gynecological Association will be held in the hall of the House of Delegates, in the city of Richmond, Va., on Tuesday, Wednesday and Thursday, November 10, 11 and 12, 1891, under the Presidency of Dr. L. S. McMurtry of Louisville. The Secretary, Dr. W. E. B. Davis of Birmingham, Ala., is arranging a full and interesting programme, and the Chairman of the Committee of Arrangements, Dr. Hunter McGuire, of Richmond, announces that the facilities for a successful meeting are complete. This Association is essentially a working organization, and is doing a great work in the Southern States. The three volumes of Transactions already issued are highly creditable to any society or country, and have elicited the highest commendation from the medical press in this country and Europe. The meeting in Richmond promises to be the most successful the Association has held. Members of the profession generally are cordially invited to attend.

The preliminary programme gives the following partial list of papers to be read: The President's Annual Address; Remarks on Systemic Infection from Gonorrhoea, illustrated by cases, by Dr. Bedford Brown of Alexandria, Virginia; The Rational Treatment of Peritonitis, based upon the consideration of the pathological conditions present, by Dr. W. D. Haggard, of Nashville; A Medico-legal Aspect to Pelvic Inflammation, by Dr. W. W. Potter of Buffalo, N. Y.; Complications in Pelvic Surgery, and how to deal with them, by Dr. Joseph Price of Philadelphia; Cholecystotomy—report of a case—fifty-two gallstones and ten ounces of pus removed—Success, by Dr. W.

B. Rogers of Memphis; Some of the Complications of Psoas Abscess, by Dr. J. McFadden Gaston of Atlanta; Laparotomies performed in the past year, by Dr. Thomas Opie of Baltimore; Imperforation of the Rectum, by Dr. G. B. Johnston of Richmond; A case of Induced Abortion for the relief of the Nausea and Vomiting of Pregnancy, with remarks, by Dr. Christopher Tompkins of Richmond; The Principle of Drainage as applied to the Surgery of the Deep Urethra, by Dr. F. W. McRae of Atlanta; The Neuroses of the Genito-urinary System in the Male, by Dr. Frank Lydston of Chicago; Nephrectomy, with report of cases, by Dr. Edwin Ricketts, of Cincinnati; The Venomous Serpents of the United States, and the treatment of wounds inflicted by them, by Dr. Paul B. Barringer of University of Virginia; A report of some additional cases of External Perineal Urethrotomy without a Guide, by Dr. J. Edwin Michael of Baltimore; The growth of Fibroid Tumors of the Uterus after the Menopause, by Dr. J. Taber Johnson of Washington; The part the Shoulders play in the production of Laceration of the Perinæum, with suggestions for its prevention, by Dr. W. D. Haggard, of Nashville; The Pedicle in Hysterectomy—how formed; its subsequent behavior; its final condition, by Dr. I. S. Stone of Washington; A case of Pelvic Abscess, by Dr. John Brownrigg of Columbus, Miss.; A case of Cyst of the Mesentery, with remarks, by Dr. J. A. Goggans of Alexander City, Ala.; The Female Urethra, by Dr. K. P. Moore, of Macon, Ga.; The Medico-legal Aspect of Intestinal Surgery, by Dr. J. D. S. Davis of Birmingham, Ala.; Albuminuria, its relation to Surgical Operations, by Dr. J. W. Long of Randleman, N. C.; Senile Gangrene, by Dr. Frank Prince of Bessemer, Ala.; Hæmorrhage *versus* Shock, by Dr. W. L. Robinson of Danville, Va.; The treatment of Gallstones, with report of cases, by Dr. W. E. B. Davis, of Birmingham, Ala.; and papers by Dr. Hunter McGuire of Richmond; Dr. Duncan Eve of Nashville; Dr. A. V. L. Brokaw of St. Louis; Dr. C. A. L. Reed of Cincinnati; and Dr. W. F. Westmoreland of Atlanta.

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**SURGICAL INSTRUMENTS.**—One of the most valuable accessions to the medical profession in this city has been that of Mr. Theo. Tafel, who came here from Louisville about two years ago and opened a complete but modest establishment on North College street. He has recently erected and moved into the handsome three-story brick building No. 153 N. Cherry street, only a few doors south of the Maxwell House, which he has thoroughly and tastefully fitted up as an empo-

rium and manufactory of all kinds of surgical instruments, orthopœdic appliances, trusses, shoulder braces, elastic and rubber goods, and all kinds of appliances needed in medicine and surgery. Mr. Tafel has worked with the manufacturing houses of Tieman, Autenreith, and Otto & Sons, and is thoroughly an adept in his line of business. All kinds of repairing, polishing and plating of surgical instruments and appliances will be promptly attended to by him. He carries the largest and most complete and varied stock of surgical instruments ever displayed in this city. Fitting and adjusting of trusses is a specialty with him.

Any of our medical friends visiting the city will do well to give him a call, and will find him courteous, polite and anxious to please. His prices are moderate and reasonable, and both his stock and work are thoroughly first class in every respect, as we know from practical experience. Orders by mail will receive prompt attention.

---

THE FORTNIGHTLY M. D., is the title of a new bi-monthly medical journal that will make its appearance from St. Louis, Mo., under the editorial supervision of Dr. Bransford Lewis, who is too well known in the journalistic field to need commendation at our hands. He aims to make it a metropolitan professional magazine, conducted on business principles, and of unquestioned value to both reader and advertiser. We most heartily wish him success. Price \$2.00 per annum.

Our ready friend of the *Texas Medical Journal* in a paragraph in reference to Dr. Bransford Lewis' new journal, *The Fortnightly M. D.*, has the following:

"The number of physicians who responded to his unique advertisement, which appeared in this and other journals, was 39,001. Those who guessed correctly the name of the journal as signified by the peculiar design of the advertisement—numbered 6,422. We gave it up at once. The crescent, the Doctor explains, "stood for fortnightly," and the skeleton fingers shaped into F. M. D. "in deaf and dumb language," indicated the name. But we venture to "guess" that the Doctor will get out a good journal, whether fortnightly or not. But *un-fort-nately* he will have a good many dead-head subscribers."

Oh, Daniel! That is entirely *too weakly*.

---

ELECTRO THERAPEUTICAL APPLIANCES.—We have received from the McIntosh Battery and Optical Co., 141 and 143 Wabash avenue, Chicago, Ill., a copy of the fourteenth edition of their Illustrated Cat-

# FRELIGH'S TABLETS

(Cough and Constituent),

## For the Prevention and Cure of

# PULMONARY PHTHISIS

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##### EACH TABLET CONTAINS.

Morph. Sulph. [1-50 gr.], Atropine Sulph. [1-500 gr.], Codeia [1-50 gr.], Antimony Tart. [1-25 gr.], Ipecac., Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox, and Lachesis, fractionally so arranged as to accomplish every indication in any form of cough.

#### Constituent Tablets.

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Arsenicum [1-50 gr.], Precipitate Carb. of Iron, Phos. Lime, Carb. Lime Silica, and the other ultimate constituents, according to physiological chemistry [normally] in the human organism together with Caraccas, Coca and Sugar.

### Price, Three Dollars Per Double Box.

Containing sufficient Tablets of each kind to last from one to three months according to the condition of the patient.

#### *A Connecticut physician writes:*

"I am now using your Tablets on a patient (young lady), who has had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morr., Syr. Hypophos. Co., etc., with no apparent benefit."

#### *A Virginia physician writes:*

"Enclosed find Postal Note for another double box Freligh's Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

#### *A Massachusetts physician, in practice 25 years, writes:*

"Send me two double boxes Freligh's Tablets. I have tried the sample box with most excellent results."

#### *A Michigan physician writes:*

"I am more than pleased with them. They have not disappointed me once. Dr. C. for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

### SPECIAL OFFER.

While the above formulæ have been in use, in private practice, over 30 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes. (retail price, Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card, letter-head, or some proof that the applicant is a physician in active practice, MUST accompany each application. Pamphlet with full particulars, price-list, etc., on request.

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As we furnish no samples through the trade, wholesale or retail, for samples, directions price lists, etc., address,

**I. O. WOODRUFF & CO.,**  
**MANUFACTURERS OF PHYSICIANS' SPECIALTIES,**  
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## Horsford's Acid Phosphate.

This preparation has been found especially serviceable as a menstruum for the administration of such alkaloids as morphine, quinine and other organic bases which are usually exhibited in acid combination.

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The Acid Phosphate does not disarrange the stomach, but, on the contrary, promotes in a marked degree the process of digestion.

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## SURGICAL INSTRUMENTS, AND APPARATUS FOR DEFORMITIES.

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tention.

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atalogue of Batteries and Electro Therapeutical Appliances. It is a very handsomely printed and illustrated pamphlet of 136 pages, filled with important information of their large and varied stock of electric batteries, appliances and optical goods.

Having been using their batteries for more than six years past, we can most heartily commend them. For any information, prices, etc., of anything in the electrical or optical line write them.

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**CELERINA.**--To overcome the appetite for strong drink we must employ a remedial agent which, while acting as a stimulant and tonic on the system, will cause no disgust for it or nausea when its use is continued for some time. In celerina we have almost a certain cure. Celerina, while causing no nausea whatever through and by itself, will, in most cases, as extensive experience has proven, imbue the person using it with an actual disgust for, and an abhorrence of, all kinds of strong drink. In the varied conditions following the abuse of alcohol, opium, and tobacco, to restore the patient and tone the nervous system, celerina is of great value, and as a tonic to the nervous system in all these cases of nervous exhaustion, whether evolved in the cerebral or spinal centers. Celerina, in doses of a fluid drachm three times a day, destroys the craving for alcoholic liquors. Celerina is a remedy par excellence to tone the nervous system in the varied conditions following sexual excesses and the abuse of alcohol, opium and tobacco.

---

**LAKE SUTTER, FLA., May 25, 1891.**--Messrs. Reed & Carnrick, New York, Gentlemen: I have prescribed your food for years, and I thought perfection had been reached, but your Lacto Preparata has surely crowned your efforts with complete success. It cannot be improved. I have been prescribing your preparations for years, and shall continue to do so as long as you keep up to the present standard. I have not been solicited to write this by any one, but when I find such preparations as Reed & Carnrick's, I feel it my duty to assist them in placing them before our brother doctors.

Yours truly, J. E. ANDERSON, M. D.

---

**SANDERS & SONS' Eucalypti Extract (Eucalyptol).**--Apply to Dr. Sanders, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

G. W. SEATON, M.D., Hall, Ind., says: I used Celerina in a case of nervous prostration with such encouraging results that I have been induced to give it a trial in a number of other instances, particularly in a case of sexual impotency, and the results have been satisfactory in every instance. I regard Celerina as an excellent nerve stimulant and tonic, and well worthy of the extensive trial the profession seems to be giving it.

I HAVE used the new preparation THERAPINE in over two hundred cases, and consider it the best antipyretic and analgesic I have come in contact with. In no case was I disappointed. I administered it mostly in powders, the taste not being objectionable.

T. D. FINCH, M.D.,

Louisville, Ky., Sept. 1, 1891.

729 E. Jefferson St.

IN prescribing the products of Manufacturing Pharmacists, we should be guided to a great extent by the business standing of the manufacturers. No other house in the South or West has a better reputation for strict integrity than the firm of Robinson-Pettet Co., Louisville, Ky. We do not hesitate to recommend the preparations advertised by them in this issue.

FREE, a sample box of my valuable ointment for eczema or tetter (chronic); infantile eczema (scald-head); acne or pimples; barbers' itch; ring-worm; various chronic itching and scaly skin diseases; leg ulcers, etc. DR. J. K. SHIRK, No. 105 S. Queen St., Lancaster, Pa.

#### ENDOMETRITIS WITH HYSTERIA—

R. Ext. Ergot, fl ..... 3 drachms  
 Tinct. Castorei ..... 5 drachms  
 Aletris Cordial [Rio] ..... 3 oz

M. Sig. Teaspoonful thrice daily.

#### SENILE DEBILITY:—

R. Syr. Hypophos. Comp..... 3 oz.  
 Celerina (Rio)..... 2 oz.  
 Acidi Phosphorici Dil..... 1 oz.

M. Sig. Teaspoonful four times daily.

SEND to Dr. J. K. Shirk, Lancaster, Pa., for a sample box of his ointment.



## *Reviews and Book Notices*

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[The books and publications reviewed in this journal may be procured from the publishers, or through the editor of this journal, or Messrs. Hunter & Welburn, or the Wheeler Publishing Co., of this city.]

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**THE ELEMENTS OF DYNAMIC ELECTRICITY AND MAGNETISM.** By PHILIP ATKINSON, A.M., Ph. D., Author of "Elements of Static Electricity," and "The Elements of Electric Lighting." 8 vo., Cloth, pp. 405. D. Van Nostrand Co., 23 Murray Street and 27 Warren St., New York, Publisher, 1891. Price, \$2.00.

The advances in electricity have been so great in the recent past, the uses of this agent have become such an every day matter, that a work of this character, which as stated in the preface "was written for learners rather than for the learned," can but be hailed with joy and be highly appreciated by all who will take the trouble to investigate its pages. Here we have the now well established principles of electricity and magnetism as held by the leading electricians of the world, plainly, yet thoroughly and satisfactorily enunciated, and anyone desiring to have a complete and thorough understanding of this important agent will be well repaid by a careful study of Atkinson's little volume.

The thirteen chapters comprise the following subjects: I. The Voltaic Battery; II. One-fluid Cells; III. Two-fluid Cells; IV. Magnetism; V. Electro-magnetism; VI. Electric Measurement; VII. The Dynamo and Motor; VIII. Electrolysis; IX. Electric Storage; X. The Relations of Electricity to Heat; XI. The Relations of Electricity to Light; XII. The Electric Telegraph; XIII. The Telephone.

While electro-therapeutics is not considered, yet it is a work that will prove of no little value to the medical practitioner who is availing himself of this important agent, in that here he will find a most satisfactory explanation of the fundamental principles governing this important agent.

On important controverted points the leading views on both sides have been given; and the selections of practical, electric

appliances for description have been made with strict reference to the adaptation of each, to illustrate some important principle to the best advantage. Clearness of style has been recognized as a first requisite, and conciseness as subordinate to it.

This excellent little work may be procured from the well-known McIntosh Battery and Optical Co., 141 and 143 Wabash Avenue, Chicago, Ill.

**MINOR SURGERY AND BANDAGING**, including the Treatment of Fractures and Dislocations, Tracheotomy, Intubation of the Larynx, Ligation of Arteries and Amputations. By HENRY R. WHARTON, M.D., Demonstrator of Surgery and Lecturer on Surgical Diseases of Children in the University of Pennsylvania; Surgeon to the Presbyterian, the Methodist Episcopal, and the Children's Hospital, and the Drexel Hospital for Children; Consulting Surgeon to the Rush Hospital for Diseases of the Chest, etc., etc. 8 vo., pp. 497, with 403 illustrations. Lea Bros. & Co., Philadelphia, Publishers.

Dr. Wharton has presented in this excellent little volume, in a concise manner, a full and clear description of the various bandages, surgical dressings, and minor surgical operations which are used in the practice of surgery at the present time. The preparation and application of antiseptic dressings as now accepted have received full consideration. The work also contains short but very satisfactory articles upon Tracheotomy, Intubation of the Larynx, Ligation of Arteries, and Amputations, subjects that more properly pertain to complete works on surgery; but as they are here so lucidly stated, and so clear and comprehensive, they cannot be considered out of place. They will not only be appreciated by the student, but will be of no little value to the practitioner who wants a quick and ready reference to these points of major surgery and has not the time for consulting more voluminous works.

Take it all in all, it is unquestionably the best work on minor surgery yet published. The illustrations and cuts, many of them new and taken from photographs, are most excellent.

**ESSENTIALS OF PHYSIOLOGY.** By H. A. HARE, M.D., Professor of Therapeutice and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to St. Agnes' Hospital and to the

Medical Dispensary of the Children's Hospital; Laureate of the Royal Academy of Medicine in Belgium; of the Medical Society of London, etc.; Secretary of the Convention for the Revision of the Pharmacopœia, 1890. Numerous Illustrations. Third Edition, Revised and Enlarged. Price, Cloth \$1.00; Interleaved for Notes \$1.25. 8 vo., pp. 193. W. B. Saunders, 913 Walnut St., Philadelphia, Publishers, 1891.

This is one of the best of Saunders' Question Compendes. Dr. Hare has succeeded well in compiling a series of questions containing the essence of physiological knowledge, which are clearly put and concisely answered. It is admirably illustrated, and is well calculated to lighten the task of the student, whose hours are only too few for the large amount of labor required.

THE URINE, THE COMMON POISONS, AND THE MILK. Memoranda, Chemical and Microscopical for Laboratory Use. By J. W. HOLLAND, M.D., Professor of Medical Chemistry and Toxicology, Jefferson Medical College of Philadelphia. Illustrated, Fourth Edition, revised and enlarged. P. Blakiston, Son & Co., Publishers, 1012 Walnut Street, Philadelphia, 1891.

This little production of Prof. Holland's is for use as a syllabus for the laboratory. The text is made brief and to the point, making it in size a pocket volume, handy for reference. Alternate pages are left blank for calculations, memoranda or notes to be taken by the student. For convenience of quick and ready reference, the most important matter is printed in large type. It will prove an excellent aid to the student who wishes to get well up on the important subjects considered.

SYLLABUS OF THE OBSTETRIC LECTURES in the Medical Department University of Pennsylvania. By RICHARD C. NORRIS, A.M., M.D., Demonstrator of Obstetrics, University of Pennsylvania; Physician to the Methodist Episcopal Hospital, etc., etc. Second Edition. 8 vo., Cloth, pp. 198. Price, \$2.00. W. B. Saunders, 913 Walnut Street, Philadelphia, Publishers, 1891.

This is a very well prepared synopsis of Prof. Hirst's lectures, and is designed to secure for the student a logical and consecutive outline of his work, and will aid him in classifying the knowledge he obtains in the lecture-room. Alternate leaves are left blank for the purpose of taking notes.

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# THE SOUTHERN PRACTITIONER.

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DEVOTED TO MEDICINE AND SURGERY

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DEERING J. ROBERTS, M. D., - - Editor and Proprietor

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Vol. 18.

NASHVILLE, DECEMBER, 1891.

No. 12.

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## *Original Communications.*

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### FEVER.

A LECTURE DELIVERED BY REQUEST BEFORE THE NASHVILLE  
ACADEMY OF MEDICINE.\*

---

BY J. S. CAIN, M. D.,

*Professor of Principles and Practice of Medicine, Medical Department of the  
University of Tennessee.*

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*Mr. President and Fellows of the Academy:—*It is evident that the purpose of the committee in selecting the subject upon which I am called to make a brief opening lecture, was to provoke a discussion by our members, of the nature and cause of the fever, which has been prevailing here and in the surrounding country during the summer months, and in order that we may come directly to the issue involved, I take the question as originally

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\*Reported by J. H. Giles, Medical Student.

submitted, and not in the form in which I would have preferred to consider it in a formal paper.

**"THE PREVAILING FEVER—WHAT IS IT?"**

Although I have been encountering this disease during a rather extended medical career, and have long since formulated to my own satisfaction very well-defined ideas upon the subject, yet in order to ascertain the views of the gentlemen who would likely take part in the discussion, and be ready to devour me in case I should deviate from their particular views, soon after the announcement of the subject, I sought by interrogatories to elicit some pointers from a few of the leading medical gentlemen of the city.

The first approached was the exponent of the views of a considerable number. He, in answer to my inquiry: Doctor, what is the nature of this prevailing fever? (known here recently as Nicholson Springs fever). Replied promptly, "why Typhoid, of course." I ventured modestly to suggest that the cases which had come under my observation lacked many, nearly all of the characteristics which I had been accustomed to look for in Typhoid fever. That it was lacking in the chief characteristic which gave to Typhus and Typhoid their name (the Greek word *tuphos*, heavy or stupid), and I detailed many other peculiarities of the prevailing fever not characteristic of Typhoid, and yet the Doctor replied: "It is a continued fever, evidently not of malarial origin, and not yielding to the treatment for malarial diseases, and while not typical in its characteristics and probably modified by environments and inherent agencies, it is all the same Typhoid fever. It can't be anything else."

This seemed to settle it for the time, and I felt that I had gone on a "fool's errand," to use the language of Judge Tourgee. Still I determined to prosecute the inquiry a little further, and approached another medical gentleman equally high in professional standing. His answer to the same interrogatory was "malarial remittent or continued fever, of course; what else could it be?" It evidently is not Typhoid; it has none of the characteristics of that disease." But I suggested: Doctor, many regard it as Typhoid. It has none of the complications which give obstinacy to

malarial fever, and it does not yield to the treatment which always cures uncomplicated malarial diseases, and it has no well marked periodicity, but behaves more like a continued fever with an erratic fever curve. Still he persisted, "it is of malarial origin. It can't be anything else, and quinine properly administered does cure many cases."

I next encountered a gentleman whose learning, investigations and clear and concise analytical powers justly entitle him to rank with the first medical men of this or any other city. To my inquiry: Doctor, what is it? Replied "don't know." Is it Typhoid? "No; can't call it by that name; it hasn't enough of the characteristics of that disease to warrant us in calling it Typhoid fever." Is it a malarial fever? "Oh, no; not malarial." Then probably you adopt Dr. Woodward's term of Typho-malarial. "No, I don't believe in mixed types of fever. It probably was the same fever which prevailed under more unfavorable circumstances and with consequently greater virulence during the war, known as "camp fever," "Chickahominy fever," etc., to which Dr. Woodward gave the name of Typho-malarial for convenience in making army reports." Then I ventured to inquire: If it is neither Typhoid, malarial nor mixed fevers, what do you call it, Doctor. "Well, he replied, "I call it continued fever, autumnal fever, slow fever, Nicholson Springs fever, this or that fever, anything to please the person addressed."

So you perceive I obtained no very satisfactory information by my inquiries further than the pleasing assurance that no matter what position I might assume in dealing with the subject, I would encounter opposition as well as receive support.

In endeavoring to answer your inquiry as to what the disease is, I will first attempt to prove that it is neither of the diseases of which it has been accused, and then will give my opinion as to what it really is.

First, I undertake to assert that it is not Typhoid fever, and in doing so I beg to disclaim any intention of disputing the correctness of the diagnoses or death certificates of any gentleman who claims to have treated Typhoid fever, which has possibly prevailed to a limited extent during the season, but my remarks ap-

ply to the prevailing fever as it has come under my own observation. The fever, quite a number of cases of which in its typical form, originated at Nicholson Springs during the summer.

Typhoid fever, according to the consensus of the best medical authorities of the period, must originate from the infection of the Typhoid germ or Bacillus, and this must be the product of a precedent case of the same disease, while the source of Typhoid fever is sometimes obscure, still in the great majority of attacks the causes can be traced to some antecedent case, and every outbreak limited to some particular source, always possessing more of endemic than epidemic features. Has it been so with this fever? It has not. The cases have occurred over a wide area of territory and under great diversity of circumstances. They have occurred in villages, large towns and cities, in the valleys, in the alluvial bottoms, in the hilly regions of Middle and the mountain slopes of East Tennessee. No suspicion of Typhoid infection could possibly be traced to one out of a hundred of the cases. Again, let us compare the advent of Typhoid with this fever and see if there exists sufficient resemblance to establish even a remote relationship. Typhoid is preceded by a prodromal period, a malaise or sense of languor and discomfort, extending over several days. This is ushered in suddenly without warning, and often from a condition of comfort.

Typhoid progresses slowly, with a daily gradual increase, with a morning remission and evening exacerbation, constituting a very regular, diurnal fever curve, attaining its acme at about the end of the first week. This springs full grown into existence, attaining its acme usually on the second day, and often on the first. The thermal curve is irregular and erratic both as to elevation and time. The first few days of Typhoid is characterized by epistaxis, diffuse headache and bronchial irritation. This has neither of these symptoms; occasionally a neuralgic pain is complained of during the first two or three days in the back of the neck.

The condition of the bowels is usually that of constipation or inaction; sometimes there is a tendency to run off. Altogether the indications from the bowels are of a negative character, both as to diagnosis and differentiation.



The tongue, that organ to which so much importance is attached by many physicians as a diagnostic factor, and in my judgment so little deserved, here, is utterly barren of significance. The soft, flabby, tremulous tongue, retaining the impression of the teeth, thought to characterize the early days of Typhoid, and the dark, heavily coated, narrow, pointed, red edge and tip tongue of its more advanced stages are all absent in this fever; and except in the advanced stages of the disease, when the secretions are dried up by the fever (or the cause which produces it), at which time the tongue sometimes become coated from inspissated mucous and desquamating epithelium, this organ has no significance of the presence or progress of the fever.

The sordes which accumulate with so much certainty upon the teeth, gums and lips in Typhoid, in this fever are absent.

The rose rash, or lenticular eruption sometimes, but not constantly, observed in Typhoid fever, is absent in this.

The great nervous, mental and emotional symptoms which are observed with such universal certainty in Typhoid, and which more than all other symptoms give to that disease its specific clinical characteristics, such as the malaise of the prodrome, the mental apathy of the early stage of increase, the hebetude which succeeds with its attendant indifference to environments, the indifference to food as to everything else, without anorexia; the somnolence which succeeds this, with its dullness of hearing; the restless muttering in sleep with its attendant subsultus; the incoherent wandering, finally deepening into outbroken delirium which mark the acme of the disease with as much certainty as the eruption marks the acme of scarlatina. All are conspicuously absent in the fever under discussion.

The diarrhoea of early Typhoid, with its characteristic pea-soup appearance and double layer precipitation, is not characteristic of this disease, and instead of the abdominal tenderness, especially in the right inguinal region, with probable gurgling on pressure, noticed in the first week of Typhoid, and the tympany and meteorism which almost certainly develop as the disease advances, we find in the fever under consideration absence of ten-

derness, and instead of tympany, most frequently abdominal retraction.

Hypostatic Pneumonia, either of a croupus or catarrhal character, is often encountered in Typhoid, but rarely in this fever.

Rapid molecular disintegration of muscular structure causing actual impairment or loss of strength and cardiac weakness always prominent in Typhoid, is not so conspicuous a characteristic in this fever; the sense of prostration complained of is more the result of an atonic condition of the nervous system, consequent upon dyscrasia and impoverished blood, which condition also contributes more to the hemorrhages which now and then, but rarely, occur from the bowels, than does ulcerative erosion of blood vessels as in the hemorrhage of Typhoid.

But I am met with the argument "that this fever occasionally on autopsy presents the so-called Typhoid lesions in the intestines, therefore all such cases must be Typhoid." Who gave this lesion entirely over to Typhoid fever and decreed that it should not occur in any other disease, or who ordained that this one condition should be accepted as positive evidence of a specific fever in the absence of all other, and more important characteristics? The fact is, we find induration, proliferation and even ulceration in the solitary and agminated glands of the ileum in many pathological conditions. In malarial remittents with enteric complications it is very common, and is the complication which gives to that fever its obstinacy, continuance and intractability to the usual remedy for malarial disease. The same condition occurs in tuberculosis, cholera, and many other protracted and wasting diseases where these lymphoid structures are stimulated into pathological activity by the vitiated and toxic absorptions from the intestines.

Again, the tendency to glandular involvement, especially suppurative adenitis of the parotids, with lymphangitis in the lower extremities, so often observed in the advanced stage of Typhoid, I have never encountered in this fever. Then, having drawn the lines pursued by Typhoid fever and the fever under discussion, and shown that they are distinct and stand apart like geometrical parallels, touching nowhere, I would ask in the name of com-

mon sense, if this disease has none of the characteristic symptoms and conditions belonging to Typhoid fever, why call it by that name?

I next assert that it is not of malarial origin, unless you insist on employing that term in its literal meaning (bad air.) If intended to mean that agent which is conceded to produce intermittents, more properly termed *swamp miasm*, I insist that the agent has nothing whatever to do as an etiological factor in this disease. It has neither the habitat or the habits of malarial diseases. It is not encountered in the well known regions where malaria abounds more than elsewhere; indeed the present outbreak has mostly occurred in localities where there could exist no suspicion of miasm.

Again, its habits are not those of malarial remittents; it lacks the regular malarial curve, it lacks the lumbar and general pains, the gastric irritability, the headache, and most especially is it lacking in the complications essential to render a malarial remittent unyielding to ordinary remedies. That there does now and then occur a case of malarial remittent which is obstinate and of long duration, I doubt not, and that these complicated cases are wholly unamenable to the specific quinine, I also believe. But such cases must have local complications which are unmistakable and easily recognized. These complications are usually Hepatic, Splenic or Gastro-intestinal, most usually the latter; all, especially the latter, giving to malarial remittent many of the objective features of Typhoid, and rendering it almost as intractable as that disease; but all of these complications are easily recognized, especially after a week or ten days duration of the disease, and none of them are characteristic conditions in this fever; therefore it can't be a malarial fever, protracted by local complications. But I am met by the assertion of some gentlemen "that they cure the disease with quinine in large doses, therefore it must be of malarial origin." This, with all due respect to such gentlemen, I do not believe, nor do I believe that it comports with the observation and experience of the great majority of physicians who have carefully observed the effects of quinine in this fever.

The tendency of the disease under favorable circumstances is to run something of a regular course of about three weeks. Many cases, however, are mild, and unlike Typhoid in this respect (the opinion of Dr. George B. Wood to the contrary notwithstanding), are abortive and occasionally of much shorter duration. These mild cases will recover under almost any reasonable treatment. The sedative and antipyretic doses of quinine in such mild cases reduce the temperature and produce a profound sedation, which sometimes abruptly terminates but does not cure the fever, but creates the impression of cure, and cases would have recovered almost as soon if the quinine had been omitted, and deserves to be regarded more as a triumph of nature over malpractice than as a triumph of therapy over disease.

I have never seen the duration of the severer cases shortened at all by the vigorous employment of quinine, but on the contrary, I regard such treatment as harmful, believing that it exaggerates the blood dyscrasia, which is a prominent complication, and often conduces to fatal hemorrhages, which otherwise and under different treatment would not have occurred.

Next I undertake to say, if by the term "Typho Malarial" fever it is intended to convey the idea of a hybrid disease of peculiar and individual characteristics, resulting from the blending or amalgamation of two disease producing agents, as is contended by a very few, such opinion cannot be justified upon scientific or rational grounds, as admitted by Dr. Woodward himself, and as conceded by nearly all modern authorities. The idea seems unreasonable and scarcely worthy of mention. If, on the other hand, it is contended that the disease so called is in reality Typhoid fever modified by malarial influences, the position seems but little more reasonable than the former.

It is a notorious fact that this fever, so called Typho-Malarial, is less virulent, less fatal and more tractable than Typhoid. Is it not strange and unreasonable that a fever of the well known specific and persistent characteristics of Typhoid should be favorably modified by an agent like malaria?

I now come to the point, probably the most difficult to answer, *What is this fever?*

There is no one, perhaps, who has practiced medicine for any considerable time who has not frequently been confronted with a form of continued fever which he could not consistently term Typhoid, occurring usually during autumnal seasons, and most frequently during those seasons characterized by great drought. It has been customary to term this simple continued, or autumnal fever, and malarial remittent has proven a convenient catch term with many.

During the war this form of fever was very prevalent in both armies. The scorbutic condition which was common amongst the soldiers was evidently a predisposing agency as well as an aggravating complication, for as I before said, blood dyscrasia and degradation is a leading feature in this fever, causing it to resemble in this respect Typhus rather than Typhoid. This rendered the disease more common and grave in the armies than it had been known amongst people of more favorable environments. The army reports were necessarily full of it. Dr. Woodward, Surgeon General of the Federal army, recognized the fact in 1862. that a disease existed in the Northern army for which there was no recognized and generally accepted name, and dubbed it Typho-Malarial fever, more, I am convinced, for the sake of convenience than on scientific grounds, that being better than no name.

The fact developed by this whole Typho-Malarial discussion establishes beyond question that Dr. Woodward appreciated just what nearly every other observant physician had before him: that there exists a form of continued fever which has substantially none of the characteristics of Typhoid or malarial production. Others have hinted at this conclusion, but seem loth to come out and advocate it. Dr. George B. Wood, in the ninth edition of his practice, administered a soothing placebo to the perplexed on this subject when he maintains that true Typhoid may have grades of virulence or mildness; that it may be of short or long duration, and may be abated under favorable conditions, etc., but I do not believe that the medical profession ever accepted these views to any great extent.

Dr. Loomis, the greatest of American practitioners and authors, strikes the key note in his eighth edition of practice, when

in speaking of Typho-Malarial fever he says: "While, therefore, no pathological lesions which can be regarded as characteristic of this type of fever are found, and while the lesions very closely resemble those of Typhoid fever on the one hand and remittent fever on the other, *still its clinical differences are sufficient to distinguish it from both and to stamp it as a distinct type of fever.*

Dr. Loomis entirely ignores the Typhoid element in this disease, but seems to regard the cause as a septic agent engrafted upon a malarial stock. I believe if he would drop the malarial idea entirely that he would then be substantially correct, and declare that it is a distinct type of Specific fever, bearing no relationship to Typhoid, and no similarity further than in its continuousness, and none whatever to malarial fever. So I regard it, and believe that it is produced by a septic agency, elaborate in the ground soil and conveyed into the human system by foods, drinks and through the respired atmosphere.

As to the discussion of the nature and origin of this disease-producing agent, and the pathology and treatment of the fever, further than has been done incidentally already, I feel would be trespassing upon an indulgence which you have so kindly awarded me.

Those who have paid particular attention to the difficulties attending the effort to separate and individualize a disease long grouped with others under a general head, know something of the difficulties attending the process.

The separation of the inflammatory diseases of the lungs and pleura, of the intestines and peritoneum, the exanthematous fevers, and notably the fever once known as Typhus, from which has already been unraveled Relapsing and Typhoid; you know how slow and grudging was the divorce process in the latter case. It was long retained as Typhus mitior, then as abdominal Typhus, and finally, when the decree must come, the old name was virtually retained by calling it Typhoid, which means resembling Typhus, the concession of a condition which in reality never existed, but so strong is the tendency to cling to old names and associations.

The unraveling process must go on as we attain more distinct and accurate knowledge of disease. This will clear up many of

the perplexing and anomalous incongruities and differences in characteristics observed in the same disease at different times and in different outbreaks. The anomalies observed in different outbreaks of that most wonderful of all perplexing diseases known as "epidemic cerebro-spinal meningitis," or "spotted fever," may be reconciled by separation into two or more specific diseases, which have been blindly grouped, as was formerly Typhus fever.

The grouping of the fever under discussion with Typhoid has evidently produced many perplexities. When a divorce is obtained and a separate individuality awarded to each, then, and not till then, will the profession be on the road to intelligent and successful treatment.

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## ANALGESICS.

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BY W. THORNTON PARKER, MANCHESTER-BY-THE-SEA, MASS.

*Recorder Association of Acting Assistant Surgeons, U. S. Army.*

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The relief of suffering is the object of philanthropy. The relief of pain commands the highest efforts of the physician. Remedies which are useful in the relief of pain are always highly prized and the discoverer is entitled to the highest honor. For many years numberless remedies have been offered to the profession as analgesics and anodynes; the list is a long one, and contains many products of great reliability; the result of faithful study and experiment. One especially has received the confidence of the profession, the Antipyrin of Knorr; but recently there has appeared a product which bids fair to be a successful rival of this and all others, and in truth to deserve the title, "A succedaneum for Morphia."

Antikamnia is no longer a stranger to the medical profession, but is daily winning laurels in its mission as "opposed to pain." It is described as a new combination of coal tar derivatives, of the series  $C H_{2N}-6$  into which the amines have entered, forming the various amido-compounds. It is by the further combination of other organic bodies with the amido-benzoles that many of the valuable antipyretics and analgesics have been brought into



existence. Antikamnia has as its base the derivatives of the amido-benzoles, so combined as to obviate the bad effects caused by many of this series of organic bodies when administered alone.

Briefly stated, it is indicated in Cephalalgia, Neuralgia, attacks of Acute Rheumatism, Locomotor Ataxia, Sciatica and the disorders of Menstruation accompanied by pain. In the treatment of Malaria, Typhoid and other fevers, it is fast winning its way. In the treatment of diseases where it is important to exhibit quinine, the action of Antikamnia will be found especially desirable in preventing the disturbance of the nervous system so frequent when quinine is given in large quantities.

Several very interesting articles have appeared of late describing its action. Dr. Holland, in the *Medical Summary* of May, describes an interesting case of dysmenorrhœa promptly relieved by its use. My own experience confirms this. I believe it to be one of the best remedies for the relief of pain in this disease. Experience with its use in cases of la grippe, asthma, etc., have convinced me of its efficacy. Indeed to state the merits of antikamnia more fully it would be necessary to mention all the diseases in which pain is a prominent symptom. It can be used advantageously in the treatment of the various forms of hysteria where bromides have been indicated heretofore.

So far as my experience goes, we need not anticipate unfavorable after-effects; its action is soothing, tranquilizing, and diminishes the tendency of a rise of the bodily temperature. Antikamnia has been found by Dr. Alvord, of the St. Louis City Hospital, especially valuable in the treatment of phthisis.

Dr. Gayle, of Kansas City, Mo., reports very satisfactory results from its use in the treatment of typhoid, in an article published in the *St. Louis Courier of Medicine*, August, 1890.

A very successful operation, performed by Dr. A. V. L. Brokaw, Demonstrator of Anatomy and Surgery, Missouri Medical College, in a case of a severe stab wound of thorax and abdomen, published in the same journal of December, 1890, shows how valuable is Antikamnia as a remedy for the relief of pain. It is best exhibited in doses of from three to ten grains every three or four hours, in powder or tablet form, taken in water or wine.



Its anodyne action is admirably shown in the treatment of the insomnia of neurasthenic patients, and for the treatment of many cases of sleeplessness in over-worked business and professional men.

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## *Selections.*

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RETROPERITONEAL TUMORS, THEIR ANATOMICAL RELATIONS, PATHOLOGY, DIAGNOSIS, AND TREATMENT, WITH REPORT OF CASES.—This was the title of a paper by Dr. Albert Vanderveer, of Albany, read before the recent meeting of the American Surgical Association at Washington. He said that as our experience in abdominal surgery increased we found that there were yet many problems confronting us. Of these there was none which required more careful research, or was capable of greater improvement, both in operative management and in prognosis, than new growths arising from the retroperitoneal space. To bring this subject more fully to the attention of the association, the following cases were reported:

*Case I.*—Miss S., aged forty-two years, had consulted the author in March, 1882, on account of a tumor located in the back. This had been first noticed fifteen years previously. Examination had showed a large tumor attached to the right side of the spine at the level of the first lumbar vertebra. It had seemed attached to surrounding tissues, of smooth contour, and hard to the touch. Operation had been advised, but declined. The tumor had continued to increase in size until November, 1888, when she had died from other causes. The autopsy had showed the origin of the growth to be the connective tissue about the right kidney. It had been encapsulated and could have been easily removed. It had weighed eight pounds. The microscope had revealed the presence of fat and myxomatous tissue, with an abundant small round-cell infiltration.

*Case II.*—Mr. V., aged forty-one years, married, had first been seen May 28, 1889. Five years before he had strained his back. The pain following this had not been relieved by any

treatment. Three months ago he had become worse. The abdomen had begun to enlarge. The pain had been more severe. He had lost appetite and flesh. The ankles had become œdematous and a distressing cough had developed. The urine had been scanty and high-colored, but free from albumin and casts. The abdomen had been more prominent on the right side. Fluctuation could not be elicited, but palpation had been given an impression similar to that of a lipomatous tumor. On the right side there had been flatness from the nipple to the crest of the ilium, with the exception of a narrow space along the border of the ribs, where there had been a zone of resonance. The probability of the growth arising from the kidney had been strong and an exploratory abdominal section had been advised.

This had been done June 1, 1889, an incision five inches long being made over to the external border of the right rectus muscle. The growth had been reached and the capsule divided, but from its attachments it had seemed futile to attempt its removal. The patient had recovered from the operation, and for a considerable period had been relieved of pain. The growth continued to increase in size, and the patient had died October 21, 1889.

*Case III.*—Mr. N., aged thirty-nine, a brass worker by occupation, had begun to have vague abdominal symptoms late in the year 1888, with failure of flesh and strength. In June, 1889, he had developed jaundice, and a tumor had been found in the left hypochondriac region and lumbar region. This had been as large as a child's head. An exploratory operation had been advised, but refused. It had been believed that the growth was connected with the left kidney. The tumor had continued to grow, and in November, 1889, the patient had died. The tumor had been found to have sprung from the region of the left suprarenal capsule and involved it. It had also surrounded the kidney. It had weighed six pounds and an eighth. The microscope had showed an appearance similar to that in Case II, but with a greater preponderance of sarcomatous and myxomatous elements.

A careful study of the reported cases and of the literature of the subject impressed one with the belief that the most frequent

origin of these growths was in the connective tissue of the capsule of the kidney, and that the next most frequent seat was the suprarenal capsule. None of these tumors could be said to be absolutely benign—even those which were made up entirely of histological elements, such as the lipoma, fibroma, or myoma, while they showed no great tendency to recurrence after complete removal, yet, from the great size to which they developed and their tendency to undergo degenerative changes, they could not be classed as innocent growths.

In many of the reported cases the origin was not stated, and indeed it would, from the subsequent changes in anatomical relations, seem quite impossible to determine the exact origin of many of the large retroperitoneal growths. They almost always presented themselves in the line of least resistance—that was, anteriorly. Careful study of these tumors showed them to be of a mixed variety, containing both the elements of the lipoma and myxoma tissues, which were histologically very closely associated. Fat was developed from embryonal mucin, and in post-foetal life occupied those spaces in the economy which later in the foetus consisted of myxomatous elements. Doubtless many of these growths arose, under suitable conditions, from congenital neoplasms. These growths often become cystic and reached immense proportions. They often presented a numerous round-celled infiltration, pointing to a sarcomatous element. Sarcoma, either in its typical form or in combination with other tissues, often occurred.

*Diagnosis.*—There was not a single symptom that was pathogenic, and the diagnosis was more dependent upon the process of exclusion. Tumors of the other abdominal and pelvic organs, as well as aneurysms and tumors of the abdominal wall, must be excluded. As already stated, many of these tumors had their origin in the capsule of the kidney or the connective tissue surrounding it. These presented, in their early stages at least, physical signs differing in no respect from tumors of the nephritic parenchyma. In none of the cases reported as renal, hæmorrhage or albuminuria, with or without casts, occurred, conditions which were the rule with tumors of the parenchyma of the kid-

ney. A valuable adjunct in the diagnosis consisted in noting the relation of the tumor to the intestinal tube as shown by the insufflation of hydrogen gas.

*Prognosis.*—Without operative interference there was but one termination. The rapidity with which the fatal result was reached varied with the character of the growth. The mean duration of life after the discovery of the tumor was about nine months. Operative treatment offered much promise. The immediate mortality of the operation was great, yet, from the hopelessness of the condition, it was to be urged with great earnestness.

In operations for the removal of retroperitoneal growths, choice of incision would usually fall in the line of the *linea semilunaris*. By the separation of the peritonæum from the internal border of the abdominal wound, making the whole field of operation extraperitoneal. The incision of the posterior fold of the peritonæum should be external to the attachment of the mesentery of the colon, although this was not absolutely necessary. In the removal of the growth by enucleation care should be taken to determine the source of the blood supply and the relation of the great vessels. There were likely to be large thin-walled veins deep in the wound, requiring ligature. At times it would be found necessary to remove the kidney with the tumor. As in all abdominal work, the operator should be prepared for any and every complication. After enucleation the cavity should be thoroughly drained. The after-treatment was the same as in all other severe abdominal sections.

Like all other conditions in surgery, there was certainly a better understanding of these cases going on. A more correct and early diagnosis, as was the case in all that pertained to medicine and surgery, would surely bring a larger percentage of recoveries. These were purely surgical cases, no medicines, no mineral waters or baths, electricity, or other lines of therapeutics having, as yet, been of any service.—*N. Y. Med. Jour.*

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HYPODERMIC INJECTIONS OF ARISTOL IN PHTHISIS.—At a meeting of the Paris Academie de Medicine on September 15

(*Sem. Med.*, September 16, 1891), M. Heraud read a communication from Dr. Nadaud, of La Rochefoucauld, giving the results which he had obtained by the hypodermic use of aristol in phthisis. Having observed the good effects of that substance on tuberculous ulcers, and having satisfied himself as to its harmlessness when given internally, Dr. Nadaud proceeded to use it hypodermically in the form of a solution of 1 cubic centimetre of aristol in 100 cubic centimetres of sterilized oil of sweet almonds. The first case in which he tried it was a child, aged 7, in whom hip-joint disease had left numerous discharging sinuses. One cubic centimetre of aristol was injected daily, and after twenty-five days there was no trace of suppuration. The injections were next tried in 23 cases of pulmonary phthisis, no other medication being employed. In 7 of these, after from twenty-five to thirty days of treatment, a complete cure seemed to be effected, and this was maintained up to the date of the report (from three to four months after the conclusion of this treatment). In 5 others, after rapid improvement, a relapse occurred within a month after the treatment had been brought to a close. After a second series of injections the symptoms again disappeared. In none of them was a third course of treatment required. In 3 cases in which large cavities existed in the lungs the effect of the injection was *nil*. Two patients died during treatment—one of diphtheria, the other of tuberculous peritonitis. The 6 who are still under treatment "for the most part show distinct improvement." Dr. Nadaud draws the following conclusions: (1) Aristol given hypodermically is perfectly innocuous; (2) It is in a large measure eliminated by the lungs; (3) It acts as an antiseptic and as a modifier of nutrition; (4) It acts very quickly, the effects beginning to show themselves on the sixth or seventh day by diminution of cough and suppression of night sweats; (5) After from twenty to twenty-five days of treatment it is generally found that the patient had gained weight; (6) The injections are useful in first and second stages of pulmonary tuberculosis; when cavities exist and the expectation is purulent they have no effect, or a very slight one; (7) The injections cause no inflammation of the skin at the seat of puncture, nor are they followed by abscess,

eschar, or induration; the pain is trifling. In commenting on Dr. Nadaud's paper, M. Herard said that *a priori* the treatment was rational, inasmuch as aristol was composed of powerfully antiseptic substances. Dr. Nadaud's facts, however, in his opinion, were insufficient to form the basis of any practical conclusion. The cases must be numerous, and must be kept under observation for years before the therapeutic effects of aristol could be compared with those of creasote and guaiacol, which seemed to be really valuable agents.—*Brit. Med. Jour.*

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THE TREATMENT OF SCARLATINA.—An accurate knowledge of the pathology of a disease is pretty sure, by throwing a brighter light along the path, to guide the therapist to improved methods of treatment. In the case of no disease is this more marked than that of scarlet fever. Once the scourge of childhood, we believe it may now be more effectually controlled than ever before.

Since the publication of the treatment of the disease with chloral by Dr. J. C. Wilson, in 1889, of which we gave an abstract in *The World* of January, 1890, we had some favorable experience with this drug. The theory of its action is a sedative to the nerve centres, and antiseptic to the blood and the tissues with which it comes in contact in administration and elimination. It is given in doses just sufficient to keep the patient in a state of light somnolence. This will require about one-half to two grains for infants and children and four to six grains for adults, repeated every three to four hours, according to effect. It is especially successful in preventing complications and sequelæ.

Curgenven presents before the Epidemiological Society of England his method of treatment. The remedy used is oil of eucalyptus. He gives it internally in frequent doses (two to four hours) of a few drops in emulsion or shaken up in water. He saturates the clothing and all bed clothing, and sprinkles the floor, furniture and walls with it until the entire air of the room is redolent with the odor. He sponges the body with it twice daily. It renders all other medication and disinfection, as well as isolation of the patient unnecessary.

## SELECTIONS.

His invariable results, after one year's experience, are immediate arrest of the eruption, which does not extend to the speedy relief of angina and subsidence of enlarged glands, decline of temperature to nearly normal and absence of œdema, due to the elimination of the oil by the kidneys. The activity of the poison is very effectively checked within hours.

But he further states that if administered before eruptive symptoms have set in, it will abort the disease, and will act as a complete prophylactic to those exposed to it.

Salicylic acid is rapidly acquiring a reputation in treatment as well as prophylaxis of this disease. In from two to five days it is said to be effective in protecting the system against attack.

Dr. Illingworth, in the *Edinburgh Medical Journal*, relates his experience in this disease with the biniodide of mercury, on the principle that it acts as a germicide. The dose used (for children seven years of age) is one-sixteenth of a grain thrice daily bedded up with sugar. However, he prefers giving every twelve hours a half drachm of the bichloride of mercury (Brit. Pharm.), giving, also, one and one-half to two grains of iodide of potassium at the same intervals. He claims unusual benefits, that it "modifies the course of the fever, reduces temperature, checks or altogether prevents the inflammation of the skin, and prevents the dreaded sequelæ."—*Med. Wor.*

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**STRICTURE OF THE URETHRA.**—The *University Medical Magazine* for March prints a valuable paper on Stricture of the Urethra, by Dr. J. William White, which concludes as follows:

1. Strictures of large calibre, that is, of more than 15 lines, situated at or behind the bulbo-membranous urethra, are treated, almost without exception, by gradual dilatation.

2. Strictures of large calibre occupying the pendulous urethra are to be treated by gradual dilatation when very recent and soft, and by internal urethrotomy when of longer standing and thickly fibrous in character or non-dilatable. It is to be remembered that the great majority of so-called strictures of large

bre of the pendulous urethra are merely points of physiological narrowing.

3. Strictures of the meatus and of the neighborhood of the fossa navicularis should be divided upon the floor of the urethra whenever it is evident that they are real pathological conditions producing definite symptoms, and not normal points of narrowing.

4. Strictures of small calibre (less than 15 French), situated in advance of the bulbo-membranous junction, unless seen very early and found to be unusually soft and dilatable, furnish the typical condition for urethrotomy, which should be done preferably with a dilating urethrotome, and invariably with all possible antiseptic precautions.

5. Strictures of small calibre (less than 15 French), situated at, or deeper than, the bulbo-membranous junction, should be treated whenever possible by gradual dilatation. In a case of resilient, irritable or traumatic stricture in this region, or of stricture which, for any reason (as the occurrence of rigors), is non-dilatable, external perineal urethrotomy is the operation of choice.

6. Strictures of the deep urethra, permeable only to filiform bougies, should be treated by gradual dilatation when possible, the filiform being left *in situ* for some time, and followed by the introduction of others, or used as a guide for a tunnelled catheter. If the stricture be not suitable for dilation, external perineal urethrotomy should be performed.

7. Impassable strictures of the deep urethra always require the performance of perineal section.—*Atlanta Med. and Surg. Jour.*

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INEBRIETY—In most cases inebriety is a self-limited disease. The drink symptom dies out naturally, or concentrates in some other form of morbid impulse. Any remedies or means used at the time of change will be credited as curative. The cessation of the drink impulse is not followed by full restoration, yet the impression prevails that total abstinence is a sign of cure always. Many pronounced paranoias and diseased persons who have abstained from alcohol, are posing as examples of cure from this or that means or remedy—persons in whom the drink impulse has died away naturally, no matter what remedy may be used. This



is evident in the common class of those who sign the pledge, or profess conversion, many times only to relapse after each occasion. Finally, in apparently the same circumstances, they go through the same formula, and the drink impulse disappears forever.

The real facts are that some organic brain change has taken place, the desire for alcohol ends. Other morbid symptoms may come on, but this disease has subsided or taken on new forms. The bark remedy, the mind cure, hypnotism, or any of the so-called specifics, that are followed by a cessation of a drink impulse, are all examples of this change. Physicians of asylums recognize this, and direct all their efforts to build up and bring the patient back to a normal physiological life, in expectation of the final cessation of the drink symptom and restoration of the organic processes. This result may come on any time, and the object of all treatment is to encourage this, and remove the conditions which seem to provoke the drink symptom.

Drugs or restraint which holds the drink symptom in abeyance are never curative, and when followed by a subsidence of this impulse, it is an accidental conjunction of the natural dying away or change of brain function and growth. When such change occurs after long treatment in the best physiological and hygienic conditions, it is reasonable to suppose that these means have contributed more or less to this end. But when this subsidence follows in conditions opposed to this, and from means inadequate to change or alter organic action, clearly some other forces are at work.

The self-limitation of inebriety, and the natural history and progress of the disease are yet to be written.—*Quarterly Journal of Inebriety*.

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**STRICHNINE FOR SNAKE BITE.**—A curious instance of one poison killing another is reported from Yackandandah, Victoria, where Dr. Mueller has recently administered strychnine in cases of snake bite. A solution of nitrate of strychnine in 240 parts of water, mixed with a little glycerine, is prepared, and twenty minims injected hypodermically at intervals of ten to twenty minutes, according to the virulence of the attack. In some cases a

grain of strychnine has been given thus within a few hours. The two poisons are antagonistic, and the characteristic effects of the strychnine only show themselves after the venom has been neutralized. The first independent action of the drug is evinced by slight muscular spasms and the injection must then be discontinued, unless after a time the snake poison reasserts itself. So long as the latter is active the strychnine can be applied in quantities which would be fatal in the absence of the virus. Out of the hundred patients treated this way, some of whom were at the point of death, there was only one failure, and that arose from the stoppage of the injections after one and a quarter grains of strychnine were administered. Any part of the body will serve for the injection, but Dr. Mueller chooses a part near the snake bite.—*Scientific American*.

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PLAIN TALKS TO PHYSICIANS.—What would be thought of a lawyer with an important case in hand who would take no measures to secure the presence of his most important witness on the day of his trial; or the soldier, who, with the most approved weapons, was careless of his ammunition. Theirs would be short careers. And yet the physician with life dependent upon his efforts, equipped with a thorough medical education, with a full appreciation of the case in hand, and who, with reliable drugs could effect a cure, often prescribes his remedies with no knowledge of their maker, and therefore of their quality. Is this common sense or common prudence? Do you purchase your hat or your coat after this fashion? Certainly not; then why your medicines? Have you ever thought of it in this light, Doctor?

You must know that there are reliable and worthless pharmaceuticals. Your druggist may be perfectly honest in his convictions that his stock is reliable, but too few pharmacists ever test the quality of the drugs purchased. Many are influenced to sell an inferior quality through the greater margin of profit in it. The only safe rule is to specify, in prescribing, the product of the manufacturer that you know to be absolutely reliable, and see that your request is carried out, and that the druggist keeps in stock the products you want.

**THE DRY METHOD OF TREATING WOUNDS.**—Dr. Hal C. Wyman, of Detroit, calls attention to this valuable method of treating wounds. The treatment consists in drying the wound with hot, dry towels taken from an oven where they have been heated to 212° F. (100° C.). No water is allowed to touch the wound or the adjacent parts, from first dressing to final healing. Loose fragments are removed; all tissues bruised beyond repair are cut away with scissors; blood and dirt are scraped away with hot dry towels. All lacerated parts are approximated and held with sutures which have been freshly sterilized by dry heat. Then a dry mixture of Wyeth's impalpable powder of boracic acid (seven parts) and iodoform (one part) is rubbed into the wounds along the line of approximation. Over this are laid strips of iodoform gauze. Over them oakum or freshly sterilized cotton, held in place by a roller bandage fresh from the oven.

The dressings are allowed to remain undisturbed until healed, unless pain, rise of temperature, or soiling of the dressing by discharges indicates that fresh dressings are needed. This method, he claims, favors the cleaning of the wound, favors the control of hemorrhage, diminishes the tendency to fermentation and putrefaction, hastens to repair the wounds, and insures the healing of flaps and ragged pieces, which by the wet method would slough.  
—*Practice.*

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**USE OF PURE BENZOLE IN WHOOPING-COUGH.**—After some years' experience with the use of benzole in whooping-cough, I can safely say that it effects better results than all the other remedies recognized as useful in this affection. In the adult and child it is of equal benefit. In an infant just now under treatment, the attacks have been reduced from twenty to thirty in the night to two or three, and whereas when the treatment was begun evidences of bronchitis were present, now the chest is clear and the child able to be taken out of doors daily. All this improvement was brought about in less than ten days. I have administered benzole in whooping-cough, where convulsions and other complications were fast reducing all chances of recovery, with perfect success in a few days. In adults, where pertussis

assumes often serious aspects, benzole has proved equally efficacious. Two minims in mucilage are sufficient for a child six months old, and five minims in mucilage on sugar or in capsule for adults. I am indebted to an article in the *Practitioner* of some years back for information regarding this treatment, and can heartily recommend a trial of it. Whenever the benzole odor is observed in the breath of the patient, then all anxiety as to the result may be allayed—*Dr. Robertson in Lancet.*

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## Editorial.

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### AMERICAN PUBLIC HEALTH ASSOCIATION.\*

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#### KANSAS CITY MEETING.

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*Report of Delegate to the American Public Health Association, Held in Kansas City, Mo., October 20-23, 1891.*

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NASHVILLE, October 27, 1891.

*To the President and Members of the State Board of Health:*

GENTLEMEN—The Nineteenth Annual Meeting of the American Public Health Association occurred in Kansas City, Mo., beginning on Tuesday, October 20, and ending noon Friday, October 23, 1891. Of late years it has been the custom of this Association to hold at least, during the first three days, a morning, afternoon and evening session, which was found necessary to allow free and full discussion of all vital questions presented for consideration, and which constitutes the most attractive and valuable part of its work. For some reason, not made plain to your delegate, this custom was radically departed from at this meeting, and instead, a series of diversions were substituted, embracing an afternoon railroad excursion into the State of Kansas "to see a Kansas prairie," a reception by the Commercial Club of the city, etc., all of which were quite enjoyable, but otherwise worked naturally to the curtailment of important data being brought before the Association in the line of recent suggestion and development in sanitary science, as evolved in the experience and study of practical health officers over the country during the past year.

As you are aware, until recently, American pork has been refused admittance into certain European countries upon the grounds of the

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\*From proof sheets of The Tennessee State Board of Health Bulletin.

alleged health conditions of the American hog, especially its supposed more frequent infection with the *trichina spiralis*. To meet and overcome this objection the Federal Government has recently begun the inspection of all pork which is to be exported.

At Kansas City, Mo., there are located several large pork-packing establishments, and as the time allowed by the Association was limited, sufficient only for the inspection of one such establishment, your reporter chose that of Armour & Co., and on Wednesday morning, October 21, under the guidance of Ernest L. Dundas, V.S., United States Veterinary Inspector, who is in supreme control of the Inspection Service at that point, made the tour of this immense concern, beginning with the hog in the yard and ending with the final inspection in the laboratory, consuming in all about three or four hours. Any glaring physical defect or disorder discovered while in the yard condemns the hog for food purposes, and he is at once separated from the herd and sent to the fertilizer tanks; as also after slaughtering, should the post mortem appearances indicate any marked deviation from the normal. The especial point striven for in this inspection is to determine whether the animal is infected with trichina or not. This they do by cutting a small piece, about the size of the end of the thumb, from the diaphragm, and one other piece from some other portion of the hog; these two pieces are then put into a small tin box, first being joined together by a bit of fine wire, and to which is attached a number corresponding to the number upon the carcass, which, pending this examination, is kept waiting in the cooling room. These tin boxes are regularly, at short intervals, carried to the laboratory, which is located several squares from the slaughtering house, and consists of a well-lighted microscopical room, where are to be found twenty-two young women seated around tables, each with a microscope busily engaged in the hunt for *trichina spiralis*; when they are discovered the fact is recorded, by the girl making the examination, upon a card, which, with the infected samples of the animal, are turned over to the director of the laboratory, who re-examines the same and confirms or not the report. If confirmed, the carcass having the corresponding number attached to it is condemned and ordered to be immediately taken from the cooling room to the fertilizer tank. The working capacity of this laboratory, as it is at present constituted, we were informed, was the examination of from eight hundred to nine hundred hogs per day. So far the inspection has discovered about three to four per cent. of the hogs examined to be infected. This startling fact

assumes the greatest importance, when the additional statement is made that the inspection is only of that pork which is to be shipped out of the country, and which constitutes but a small part of the number of hogs slaughtered; as on the day before my leaving Kansas City I was reliably informed that in the establishment of Armour & Co. they alone had slaughtered about six thousand hogs, to say nothing of the other three or four large pork-packing concerns in Kansas City, or those located in Omaha, Chicago and Indianapolis, and the great number of lesser establishments of a similar kind scattered throughout the country.

Barring Chicago, no other point in the country has this Federal inspection, and why, I am at a loss to say; and no other establishments have it but those of the Armours, I was informed. Since the Federal Government pays all the expenses of this inspection, costing approximately, I was told, for Kansas City and Chicago, about forty thousand dollars per annum, it would be interesting, I repeat, to know why the Messrs. Armour & Co. are thus alone favored, enabling them thereby to meet the demands of foreign countries regarding American pork to the exclusion of all other competitors.

The important question, however, to us, as guardians of the public health, is in another direction, and may be resolved into the simple question, Why, if the Federal Government is to pay the expenses of inspection at all, has not such inspection been extended and made to embrace also the pork slaughtered for consumption by our own people as well? Are they not entitled to at least the same protection from this fruitful source of disease and death as are the inhabitants of distant countries?

The inspection of beef extends only to such glaring defects and disorders as are readily discernible before and after slaughtering. No attempt is made by means of the microscope to detect beef tuberculous in its character. This, in view of the now known widespread prevalence of tuberculosis in the bovine species, and the ability of man to contract this disastrous disease from the use of imperfectly cooked meat from such cattle, is a most serious omission, and one which, at no distant day, must be effectually met to give the public that protection which is so urgently necessary, and to which they are so justly entitled.

The evening session of the first day was in some respects unique, as you know there are two Kansas Cities—one in Missouri and the other in Kansas—only divided by a surveyor's line. As a conse-

quence, we had words of welcome from Gov. David R. Francis, of Missouri, followed by Gov. L. U. Humphrey, of Kansas; Mayor Benjamin Holmes, of Kansas City, Mo., followed by Mayor T. F. Hannan, of Kansas City, Kansas, which was interspersed with excellent music by the "Third Regiment Band." The meeting was held in "The Auditorium," and the city press estimated the attendance at about 1,500, composed, as it was, of representative men and women, about equal in number, of this strong-willed, energetic and progressive people.

The subject of Glanders was brought up in an interesting way by a paper on "Glanders in man, with the report of a case," presented by Dr. Joseph Sharp, Professor of Materia Medica and Therapeutics in Kansas City Medical College. In the discussion which followed the reading of this paper, Dr. Paul Paquine, D.V.S., ex-State Veterinarian of Missouri, and now Director of the Laboratory of Hygiene, Battle Creek, Mich., stated that he had made a collection of seventeen cases of glanders occurring in man in Missouri, while living in that State. The dangers of transmitting the disease to man were vividly pointed out, and emphasis strongly placed upon intelligent restrictive measures being promptly and vigorously enforced in every case developing among animals. This emphatic enunciation was concurred in by every speaker, and the statement was made, and not challenged, that glanders is oftener contracted by man than the medical profession have yet recognized. These declarations only serve to accentuate the necessity of having our State laws so amended as to give this Board full authority which (under the construction of the law, as given recently by Attorney General Pickle) is now, it would seem, insufficient to enable you to deal energetically and directly with this incurable malady whenever and wherever it may appear in the State.

An instructive paper on "Rabies" was read by Dr. J. J. Kinyoun, U. S. Marine Hospital Service, detailing many interesting observations recently made by him in the Laboratory of Pasteur in Paris. He stated that the disease rarely appeared later than six months after inoculation, and that the greatest number of cases occurred in the months of December and May. The saliva becomes virulent two or three days before any symptom appears in the animal, hence the recognition of the disease in the incipient stages is not easy in any case. He advocated the establishment and enforcement of strict quarantine regulations in order to eradicate this terrible disease, especially the



universal and prolonged wearing of the muzzle by all dogs throughout the country.

An interesting and suggestive paper on the "Propagation of Diseases among Chinch Bugs" was read by Chancellor F. H. Snow of the Kansas State University, located at Lawrence. The subject, though not in any way directly connected, so far as is known, with the physical well-being of man, is one of great commercial value, and can not fail to interest the farmers of Tennessee, as the statement was made that annually—in a single season—these little bugs destroy, in round numbers, about one hundred million dollars' worth of crops, principally corn, wheat, broomcorn and sorghum in the Mississippi Valley alone. His view was that this pest of the farmer was subject to certain well-defined diseases, which can be so propagated and spread among them as to eventually exterminate the chinch bug. In his experiments he had discovered a disease, fungous in character, which was highly contagious, and once contracted by the chinch bug was fatal. To propagate the disease it was only necessary to bring the healthy bug in contact with one which had died of the disease, and in twenty-four hours it, too, would develop the contagion. His method of cultivating the disease was to secure a large number of live, healthy bugs, put them in a glass-covered case containing the dead carcass of infected bugs; in one instance ten thousand died in nine days from the infection caused by them being thus brought into contact with less than a dozen dead ones. Upon an application being received he usually puts about half a dozen dead bugs in an ordinary-sized paper pill-box and forwards it to the farmer suffering from the depredations of these little pests, with instructions to put two or three hundred chinch bugs into a jar with the infected specimens. In about twenty-four to forty-eight hours these bugs become infected, then they are to be turned loose in the wheat or other infected fields, and within three days bugs would be found dying fast in the field, and in twelve days the ground would be literally covered with dead ones. The disease, he stated, would not let go so long as there were bugs upon which it could operate. Ninety odd per cent., he stated, of the practical tests in the field so made had been found successful.

A preliminary report was made by the Committee on Railroad Sanitation, through its Chairman, Prof. W. W. Daniels, of Madison, Wisconsin. The defects of the present system of heating and ventilating passenger coaches were portrayed in strong terms, together with the total disregard of railroad officials and attaches in other respects to



even the elementary requirements of sanitary science, in neglecting to properly care for the health of the traveling public by allowing their cars to become and remain in a most unsanitary condition; especially does this become striking in through cars for long distances. Public sentiment needs to be aroused and given definite form upon this subject, that it may demand the reforms here so urgently needed, as disease and death in many instances can annually be traced directly to this unnecessary and easily-removed cause.

A synopsis only was given of an important paper entitled "The Existing Methods of Dealing with Immigrants as respects Infectious Diseases in England and on English Ships, and the Notification of Infectious Diseases among Immigrants to the United States, the duty of the National Sanitary Authorities to the Sanitary Service of the States; an Example of such an Arrangement between the United States Authorities and the State Board of Health of Minnesota," by Dr. Charles N. Hewitt, Secretary of the Minnesota State Board of Health. Recently he had gone abroad, and while in England had looked closely into the ways and methods there observed in this connection, which he pronounced antiquated, bungling and insufficient. He also indicated glaring deficiencies in the United States service, and thought a beginning should there be made. Instances were cited of local epidemics of communicable diseases having developed in the interior of the country through the medium of freshly-arrived immigrants by reason of deficient quarantine at the port of entry. Under the recent law of Congress a Commission has been created to inspect closely all immigrants, and to this Commission there has been attached a medical officer, who is charged particularly with looking out for the physical ailments of the individual immigrant. Dr. Hewitt was of the opinion, and I think you will fully concur with him, that it is asking but little of this Commission to mail at once and direct to the health authorities of the State a notice of such communicable diseases as may be found to be either incubating or developed in the person of those immigrants whose declared purpose it is to come, say, to Tennessee for a permanent home. By such a notice a perfect surveillance can be maintained over the immigrant, even to the very street and number of the house in the town he goes to, or to the civil district in which he locates, and for a sufficient length of time, and whatever developments, if any, of an infectious character which occur the public can be fully protected by his or her prompt isolation, etc. This arrangement he has suc-

ceeded in perfecting for Minnesota, and suggests that steps be taken to make it equally applicable to every other State.

A number of other instructive papers were presented which, in a short time, will be printed in book form.

A large and able delegation was present at the meeting from the several States and General Government of the Republic of Mexico, and it is gratifying for me to say they participated in the work of the Association with great enthusiasm and zest. The following are the titles of the papers read by some of them, with the name and official position held by their respective authors: "The Drainage of Mexico City," by Robert Gayol, City Engineer, and Engineer of the National Board of Health of Mexico; "New Organization of the Supreme Board of Health of the Mexican Republic," by Dr. Domingo Orvananos, Member of the Supreme Board of Health of Mexico; "Considerations upon the Endemical Character of Yellow Fever upon the Coast of the Gulf of Mexico," by Gregorio Mondizabel, M.D, of Vera Cruz, Mexico; "Some Hints on Diphtheria in the Mexican Highlands," by Dr. Jesus Chico, of Guanajuato, Mexico; "A few Considerations upon the Progress of Public Hygiene in the Republic of Mexico," by Dr. J. Ramon Ycaza, of Mexico; "Notes on the Hygiene of Rice Culture," by Dr. Nazario Lomas, Cuernavaca (Moreles, Mexico), Member of the Board of Health of the State of Moreles, and Director of the General Hospital.

At the meeting of the Association held in Charleston, South Carolina, last year, a very strong invitation, signed by many of the highest officials of the Mexican Government, was presented, asking the Association to come to the City of Mexico as its next place of meeting. The claims of the Central Northwest, however, were more actively pressed at that time, and, as you know, Kansas City, Missouri, was selected. This year this same invitation from Mexico was revived, but much enlarged, and through the concerted action of a large and active delegation they succeeded in the effort, and the City of Mexico was selected as the place of meeting in the fall of 1892.

The great importance of interesting Mexico in this grandest work of this grandest era, even as it shall in turn rebound to the public health interest of the people of our own land, is so patent as to make elaboration here unnecessary. In addition, such a movement will, it is hoped and believed, attract the attention, at least, of the officials of the Central American States and Cuba, and at no distant day we may reasonably expect to have delegates regularly appointed to the annual

meetings of the American Public Health Association from these countries also. Then, indeed, will there have begun an international sanitary work of far-reaching value and transcendent importance.

Among other resolutions adopted, the following has special significance :

*Resolved*, That this Association will hold its meeting in 1893 in the city of Chicago, and that, so far as possible, the occasion be made an international congress of hygiene and public health.

All of which is respectfully submitted.

J. D. PLUNKET, M.D.

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### READING NOTICES.

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Having had much trouble in the past in complying with, and satisfying the demands and requests of my advertising patrons in regard to what are known as *reading notices*, I have determined in the future, commencing with 1892, to adopt and rigidly and inflexibly adhere to the following rule.

All advertisers occupying one page of regular or special advertising space will be entitled to a ten or twelve line reading notice, calling attention to their advertisement, with the first or any subsequent insertion. The notice may be prepared by the advertiser, (subject to editorial revision), if desired—otherwise it will be prepared by myself. Those occupying one-half page of space will be entitled to a five or six line notice, and those occupying a one-fourth page a three or four line notice.

All other reading notices will be inserted at the option of the advertiser, (subject to editorial revision,) and charged for at the rate of 15 cents per line each insertion, for those occupying regular advertising space; and 20 cents per line each insertion, for all who are not represented in the regular advertising pages.

In justice to my readers and myself, I am compelled to adopt this regulation. My contract with my readers is to furnish them with forty-eight pages of reading matter each month, for One Dollar a year. If I occupy the space that belongs to them with matter in the interest of my advertising patrons, I will do them an injustice. No matter how worthy or deserving the article or articles advocated. Heretofore, I have been more liberal than I consistently could in inserting much of this class of matter at my own expense, by putting in more than forty-eight pages of reading matter each month. This I can no longer

continue, but shall require payment at the rate mentioned, which will about cover the additional cost per page each month, and enable me to put additional pages in excess of those belonging to my readers.

Therefore, do not forget that hereafter *reading matter* like other advertising matter, will not be declined or thrown into the waste basket, but if consistent with the character of this journal will be published when ordered, and at the rate of 15 cents per line each insertion to our advertisers, and 20 cents per line to others. If more than one page is ordered at one time, a special rate will be made.

Very respectfully and truly yours,

DEERING J. ROBERTS, M.D.,

Editor and Proprietor.

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### WAKE UP!

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The age is one of rapid progress--and we are in it. Our patrons are among the most progressive of the nation. They are quick to take advantage of a good offer. We make a great many; but when we offer a set of the memoirs, either of Lee, Grant, Sheridan, Sherman or McClellan, in their respective original editions, for 50 cents a set, in connection with a year's subscription to the *Cosmopolitan Magazine*, \$3, and a year's subscription to this journal—\$1—\$4.50 in all—we fairly outdo ourselves.

Thousands of orders have already been received by the publishers, so that if our friends wish to avail themselves of this extraordinary opportunity, they must wake up. No such offer has ever before been made to the reading public, and it is doubted if it will ever be duplicated.

Again we say, "Wake up!"

If not on reading terms with the magazine, send postal card request for a free sample copy to the Cosmopolitan Publishing Company, Madison Square, New York City.

*The Cosmopolitan* and THE SOUTHERN PRACTITIONER are sent postage prepaid, but the postage on the books must be remitted with the order; Gen. Lee's memoirs, 28 cents; Grant's, 48 cents; Sheridan's 46 cents; Sherman's, 42 cents, and McClellan's, 24 cents; or if you desire it, the book selected will be sent to any Express office at your expense.

Send us then at once \$3 for one year's subscription to *The Cosmopolitan*, one of the best magazines published; \$1 for THE SOUTHERN PRACTITIONER, and 50 cents for a set of memoirs, to which add postage on the particular set of memoirs selected.

## EDITORIAL.

**INFORMATION FOR IMPORTERS OF FOREIGN ARTICLES.**—our readers in the vicinity of Nashville, or immediately at it, may have occasion to purchase direct, articles of foreign manufacture. We desire to inform them that Surveyor of Customs Hasslock has received a great many inquiries as to the proper mode to have imports shipped so that they will be appraised here. He takes pleasure in suggesting to our importers that they be explicit in ordering the consignor to have the goods shipped "Under I. T. Bond, for appraisement, to Nashville, Tenn." If the goods are shipped from New York they should be consigned in care of either the Merchants' Dispatch, the Star Union Line, Cumberland Gap Dispatch, Southern Dispatch, the American Express Company, or Fargo Co., if via New Orleans they should be shipped in care of the Illinois Central or New Orleans & Texas Railway; if the above conditions are complied with by the shipper the goods will receive prompt appraisement, thereby saving considerable to the importer.

The consignor should mail to the transportation company a commercial invoice and bill of lading for presentation to the collector of first arrival, so as to make bond for transportation. One should insist when ordering goods either abroad or from foreign agents, that above instructions be complied with.

V. R. PERKINS, M.D., Mercer, Me., says: I have tried Serravallo's Tonic to perfection, and find it one of the best articles I have used in my practice as a nerve tonic. I have used it in a number of cases of nervous headache, neuralgia, and in paralysis where all other nerve tonics failed; also in hysterical cases, and use it with success, and also in all languid and debilitated conditions of the system. It works like a charm in dissipations of all kinds, and restores some of nerve power arising from venereal diseases. Realize that you can do without it in my extensive practice. I have used it in cases of dyspepsia without fail. It also has no equal on persons of a sedentary life. It is perfectly safe to give to the oldest person or the weakest, or the smallest child.

ALL AROUND THE YEAR, 1892, is a very neat and handsomely illustrated (in colors) calendar of 1892, published by Messrs. Shepard, 10 Milk street, Boston, Mass. It is printed on 16 pages, gilt edges, with chain, tassels and ring, and will prove a handsome ornament in "my lady's boudoir." Price Box 5

WE ARE GRATIFIED to place before our readers, this month, the very excellent, entertaining and interesting report of Dr. J. D. Plunket, President of the Tennessee State Board of Health, who attended the last meeting of the American Public Health Association, at Kansas City, Mo.; as a delegate from our State Board of Health. The report will have quite an extensive circulation in *The Bulletin* of the State Board, yet, as it contains matter of more than ordinary import to our whole country, we are glad to avail ourselves of the proof-sheets kindly furnished by Dr. Plunket.

Our law makers, State and National, would do well to give the question of Food Inspection a careful overhauling. As it now is, it seems that "Brer. Rusk" is utilizing his department in behalf of Armour & Co. and foreign consumers of the American hog. Our own people, as well, need the advantages of his "paternal" care, and there are more diseases of a preventible character than trichinosis.

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ANTI-KAMNIA CHEMICAL COMPANY, Saint Louis, Mo.—Gentlemen: After using continuously in my practice eight ounces of Antikamnia, pure and simple, in all the diseases for which you recommend it, I assure you, unsolicited, that it has fulfilled every promise you made.

After nearly twenty-five years of hospital and private practice, I would rather abandon morphine than Antikamnia, which I also consider an unequalled febrifuge. Indeed its antipyretic qualities are wonderful in reducing the temperature.

I have never had a patient object to taking the dry powder on the tongue, nor had one complain of feeling the slightest malaise after its administration. I know I am making sweeping assertions, but you should know the truth so as to be encouraged in your work.

Truly,

CALEB LYON, M.D.

Rossville, July 16, 1891.

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PONCA COMPOUND exercises a decided and specific alterative action upon the uterine tissues, as also a general tonic influence upon the pelvic organs; it has a tendency to absorb plastic deposits, to regulate the vascular supply and thus relieves congestion; to encourage peristaltic action of the bowels, to tone up the nerve forces and to thus remove spasmodic conditions. In most instances it eradicates the principal influences that cause and keep up engorgements, displacements, etc., and can always be relied upon as the chief factor in bringing about normal conditions.

## EDITORIAL.

QUININE PILLS AND CAPSULES are very insoluble, charged undissolved.

Febriline, or Tasteless Syrup of Quinine, has been as reliable in all cases as the bitter sulphate of quinine will find it to their interest to use it for adults, as well place of pills and capsules. It is as pleasant as le will be retained by the most delicate stomach, having tage of not producing the unpleasant head symptc many patients complain, after taking the quinine sul ing these advantages, physicians will find it superior sulphate, for all cases requiring quinine—particular patients.

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CARNRICK'S KUMYSS TABLETS OR KUMYSGEN is n sweet milk, and contains every constituent of a perfe is a delicious effervescent food beverage, relished al well. It is tonic, stimulant, diuretic, highly nutri gested, perfectly palatable, and always permanent strength. Sample will be sent on request by Messrs. rick, New York, N. Y.

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EPILEPTIC CASE OF LONG STANDING.—In an epilep standing I used Peacock's Bromides with excellent r vals between the attacks have been greatly lengthene lence much lessened. I regard Peacock's Bromide preparation, and shall continue its use in cases where  
J. G. WALLACE, M.D., D

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*The Texas Sanitarian* is the title of a journal of prev and hygiene, which will be published monthly at A the Texas Sanitarian Publishing Company. Dr. T Managing Editor. Judging by the first number, it w cellent addition to this particular field of literature.

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THE ATTENTION of our readers is called to the adver inson-Pettet Co., which appears in this issue. The long standing, and enjoys a reputation of the highest preparations referred to, we commend specially to the titioners.

SANDERS & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sanders, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

---

THE BEST REMEDY FOR INTERNAL PILES.—

R Kennedy's Pinus Canadensis (dark)..... 1 drachm  
 Ol. Theobromæ ..... 1 oz

M. Rub together, and make 20 suppositories by using a cold mould. Sig. Insert suppository every night at bed hour.

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DR. BRANSFORD LEWIS announces that the first number of his new illustrated bi-weekly, the *Fortnightly M. D.*, will appear at St. Louis, January 1, 1892.

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## *Reviews and Book Notices*

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[The books and publications reviewed in this journal may be procured from the publishers, or through the editor of this journal, or Messrs. Hunter & Welburn, or the Wheeler Publishing Co., of this city.]

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ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY. By GEO. M. BEARD and A. D. ROCKWELL, A.M., M.D., formerly Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine; Formerly Electro-Therapeutist of the Women's Hospital of the State of New York, etc. Eighth edition, with over two hundred illustrations. 8 vo., pp. 788, Cloth. New York: William Wood & Co., 1891.

The work of Drs. Beard and Rockwell really needs no commendation. The fact that it has reached its eighth edition—the last six in less than ten years—shows that it is held in very high estimation by the medical profession. It is an exhaustive work, and contains in full the results of all investigations upon the subject of electricity as a therapeutic agent.

Dr. Beard, whose name appears on the title-page of this work died ten years ago and has taken no part in the revisions of it since the publication of the second edition. So much change has



## REVIEWS AND BOOK NOTICES.

been made in it during the ten years that have may be considered a new work, for which Dr. Rockwell is responsible. Electro-therapeutics has not been but has made great advances since attention has been paid and continues to make advances.

We have noticed some of the previous edition and the scope of it has been described by us. But the changes and additions in this eighth edition have been more than the time and toil expended in its thorough revision of the other edition since the second. The work, as it now presents Dr. Rockwell's accumulated and thoroughly matured experience from his entrance upon the specialty of electro-therapeutics.

From the preface to the eighth edition we make the following extract, which we find fully sustained by a careful perusal of the work.

"The changes and additions in this eighth edition are more extensive, and more time and toil expended in its revision than in any other edition since the second. As it now stands, represents an accumulated and matured experience, from an entrance on this specialty, but from that considerable portion, original with the author, peculiar to this work, it comprehends, it is believed, of great real value pertaining to the subject. The chapters on Women, Electrical Apparatus and Static Electricity have been largely recast; additions made to the chapters on Diagnosis, and many new and improved illustrating practical and important methods of application in various places of the old ones. \* \* \*

The ideal of every electro-therapeutist, certainly of every electrologist—who gives the subject special attention, should be to be a master of electricity and its physiological, as well as its purely therapeutic relations—for all such this edition is a work of exhaustive reference."

---

SANDERS & SONS' Eucalypti Extract (Eucalyptol). Sanders, Dillon, Iowa, for gratis supplied samples of reports on cures effected at the clinics of the University of Griefswald. Meyer Bros' Drug Co., St. Louis and Mo., Dallas, Texas, and New York, sole agents.

A MANUAL OF HYPODERMATIC MEDICATION: the treatment of Diseases by the Hypodermatic or Subcutaneous method. By ROBERTS BARTHOLOW, A.M., M.D., LL.D., Emeritus Professor of Materia Medica, General Therapeutics and Hygiene in Jefferson Medical College; Hon. Fellow of the Royal Medical Society of Edinburg; Hon. Member of the *Societe-Medico-Pratique de Paris*; Fellow of the College of Physicians, Philadelphia, etc. Fifth Edition. 8 vo., Cloth, pp. 540. Price \$3.00. J. B. Lippincott & Co., Publishers, Philadelphia, 1891.

As showing the scope of this now standard work, we make the following lengthy quotation from the preface to this the fifth edition :

"Any one familiar with the former issues of this manual will discern that many important alterations have been made in this edition. In fact, the book has been recast, many of the articles have been rewritten, much new matter has been introduced, and the various remedies have been arranged according to the terms of a classification compiled for this purpose. These changes have increased the size of the book by about two hundred pages, and as the page has been enlarged in both directions, the capacity of the book has been materially enhanced.

These additions had become the more necessary because of the increasing importance of the hypodermic method since the germ theory has so closely occupied the etiological field. It is by means of the injection instrument that in so many instances pathogenic organisms can be reached and effectively treated. It is partly in this way that the subcutaneous method and related forms of injection therapeutics have become essential parts of a physician's equipment.

In selecting the new matter, I have sought to obtain that entirely pertinent to the subject, and in the literary execution have made the attempt to be at once exact and comprehensive. If error has occurred, it is in the direction of admissions to the list of remedies of those that may appear to be useless or unfit, rather than in the exclusion of those considered by others of my readers as distinctly meritorious. I may venture to hope that this edition of the manual will serve the purpose of uniting the *technique* of

# FRELIGH'S TABLETS

(Cough and Constituent),

## For the Prevention and Cure of

# PULMONARY PHTHISIS

### FORMULÆ

#### COUGH TABLETS.

##### EACH TABLET CONTAINS.

Morph. Sulph. [1-50 gr.], Atropiæ Sulph. [1-500 gr.], Codeia 1-50 gr., Antimony Tart. [1-25 gr.], Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox, and Lachesiæ, fractionally so arranged as to accomplish every indication in any form of cough.

#### Constituent Tablets.

##### EACH TABLET CONTAINS.

Arsenicum [1-50 gr.], Precipitate Carb. of Iron, Phos. Lime, Carb. Lime Silica, and the other ultimate constituents, according to physiological chemistry. [normally] in the human organism together with Caraccas, Coca and Sugar.

#### Price, Three Dollars Per Double Box.

Containing sufficient Tablets of each kind to last from one to three months according to the condition of the patient.

##### *A Connecticut physician writes:*

"I am now using your Tablets on a patient (young lady), who has had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morrhu., Syr. Hypophos. Co., etc., with no apparent benefit."

##### *A Virginia physician writes:*

"Enclosed find Postal Note for another double box Freligh's Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

##### *A Massachusetts physician, in practice 25 years, writes:*

"Send me two double boxes Freligh's Tablets. I have tried the sample box with most excellent results."

##### *A Michigan physician writes:*

"I am more than pleased with them. They have not disappointed me once. Dr. C. for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

#### SPECIAL OFFER.

While the above formulæ have been in use, in private practice, over 30 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes (retail price, Three Dollars) containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card, letter-head, or some proof that the applicant is a physician in active practice, MUST accompany each application. Pamphlet, with full particulars, price-list, etc., on request.

## A PHOSPHORIZED CEREBRO-SPINANT.

(FRELIGH'S TONIO.)

Our Special Offer is still open, to send to any physician, on receipt of 25 cents, and his card or letter-head, half a dozen samples, delivered, charges prepaid. Each sample is sufficient to test it for a week in one case.

As we furnish no sample through the trade, wholesale or retail, for samples, directions price lists, etc., address,

**I. O. WOODRUFF & CO.,**  
**MANUFACTURERS OF PHYSICIANS' SPECIALTIES,**  
8 Maiden Lane, New York City.

# A MENSTRUUM.

## **Horsford's Acid Phosphate.**

This preparation has been found especially serviceable as a menstruum for the administration of such alkaloids as morphine, quinine and other organic bases which are usually exhibited in acid combination.

The admixture with pepsin has been introduced with advantage when indicated.

The Acid Phosphate does not disarrange the stomach, but, on the contrary, promotes in a marked degree the process of digestion.

Dr. R. S. MILES, Glencoe, Minn., says; "I use it in a great many cases as a menstruum for quinine, when an acid is necessary.

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

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**Beware of Substitutes and Imitations.**

**CAUTION:** Be sure the word "HORSFORD" is PRINTED on the label. All others are Spurious. NEVER SOLD IN BULK.

## **THEO. TAFFEL,**

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Surgical Instruments,  
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Elastic Stockings, Ab-  
dominal Supporters, Crut-  
ches, Rubber Goods and  
all Surgical Appliances.  
Surgical Instruments, Scis-  
sors and Razors  
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All kinds of Repairing  
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attended to. Orders  
by mail given  
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tention.

**153 N. Cherry Street,**

**NASHVILLE, TENN**

## REVIEWS AND BOOK NOTICES.

the art with the knowledge now possessed of the path microscopic organisms."

**HISTORY OF CIRCUMCISION** from the earliest times to the Moral and physical reasons for its performance, with a h euneuchism, hermaphrodism, etc., and of the different of practiced upon the prepuce. By P. C. REMONDINO, (Jefferson), member of the American Medical Association, American Public Health Association, etc, etc. 8 mo pp. 346. Price \$1.25. F. G. Davis, Publisher, 1231 street, Philadelphia, 1891.

Dr. Remondino has prepared a very readable and int work with the above title, and one containing many on and customs from "ye olden time" to the present. Hi in regard to circumcision, its necessity, and its results a founded; and its performance as a prophylactic measure established. To those who have the time to spare in re work of this character it will undoubtedly prove interest that it will secure a very considerable demand on the professional or lay readers is somewhat to be questioned.

**A TEXT BOOK OF PHYSIOLOGY.** By M. FOSTER, M.D., LL R.S., Professor of Physiology in the University of Car England. Fourth American from the Fifth English thoroughly revised. Octavo 1072 pages, 282 engravings \$4 50 Leather, \$5.50. Philadelphia, Lea Brothers & Co

Of the value of Dr. Foster's work it is almost unnece speak. He is unquestionably the leading English-s physiologist of to-day. In its original editions this work tended principally for advanced students, and it was n appreciated in America until revised and enlarged to r wants of junior students also. The additions thus made cessive issues have almost all been adopted by the author, proportionally less, but still an important amount to be s the present one by the American editor. This process of under the repeated revision by author and editor has res a volume of nearly 1100 large pages, with 282 engrav containing matter necessary to constitute a complete t reference book for student and physician. Notwithstan

enormous amount now presented, the popularity of the work renders its publication possible at an extremely low price—a point in which the American student has greatly the advantage of his English confrère.

It is in every respect a most excellent and ideal text-book, with a complete, accurate and detailed knowledge of his subject, the author has succeeded in giving a thoroughly practical and entertaining account of the science. The student's attention is thoroughly fixed on important and salient questions, and his time and energies are not wasted in the consideration of trivial and petty details.

The work is admirably and graphically illustrated, excellently printed and well bound, and can but take high rank indeed as a text-book for the student and as a work of reference for the general or special practitioner.

HANDBOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS, including the physiological action of drugs, the special therapeutics of disease, official and practical pharmacy, and minute directions for prescription writing. By SAM'L O. L. POTTER, A.M., M.D., (Jefferson), M. R. C. S. (London), Professor of Theory and Practice of Medicine Cooper Medical College of San Francisco; author of Quiz Compends on Anatomy, and Materia Medica, etc., etc. Third Edition, Revised. 8 vo., Cloth, pp. 767. Price \$4 00. P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia, Publisher, 1891.

We had occasion, previously, to call the attention of our readers to this most excellent work of Dr. Potter's. Now, as then, we can only speak of it in the highest and most commendatory terms. It contains almost everything that can be found in the larger works; but in a more concise form, and it is brought up to the most recent attainments in knowledge. No new remedy of any acknowledged value has been omitted from its pages. It shows on every page great labor and careful research, and contains the essentials of materia medica, therapeutics, pharmacy and the physiological action of drugs, besides many points of information useful to the student and practitioner, and a convenience to find so admirably arrayed in one book. The portion of the

work relating to special therapeutics of disease is especially valuable, being so concise and to the point. Taking it all in all, it is truly and indeed a most excellent book and one well worth having.

**PTOMAINES AND LEUCOMAINES AND BACTERIAL PROTEIDS; OR THE CHEMICAL FACTORS IN THE CAUSATION OF DISEASE.** By VICTOR C. VAUGHAN, Ph. D., M.D., Professor of Physiological and Pathological Chemistry and Associate Professor of Therapeutics and Materia Medica in the University of Michigan, and FREDERICK G. NOVY, M.D., Instructor in Hygiene and Physiological Chemistry in the University of Michigan. New edition. In one handsome 12 mo. volume of 389 pages. Cloth, \$2.25. Philadelphia: Lea Brothers & Co., 1891.

The title of this volume brings prominently to view the correct pathology of a host of diseases. Modern chemistry has furnished no more striking evidence of its value than the discovery of these ultimate causes of disease, a step which necessarily precedes any rational knowledge of cure or prevention. These successful methods of research have also thrown a flood of light upon the Leucomaines or Physiological Alkaloids. The literature of the subjects, already vast, was before the preparation of this work scattered and unattainable by those who had most need of its help, namely, general practitioners. For the student no more important branch of chemistry exists. The early demand for the second edition of a work on so new a department of science augurs well for the curriculum in those colleges which have already made it a branch of study and for the growing promptness on the part of the profession to recognize and use the most enlightened methods for the benefit of their patients.

**THE YEAR BOOK OF TREATMENT FOR 1891.** A critical review for practitioners of medicine and surgery. 8 vo., Cloth, pp. 480. Lea Bros. & Co., Publishers, Philadelphia, 1891.

This number of the "Year Book" has been increased considerably in size, but the original plan of the book has not been altered. The object of the "Year Book" is to supply a concise epitome of the chief articles of the year, with a short criticism of the most important subjects, together with full references. It is

not intended to be either a dictionary or a text-book of medicine, but a compact, handy volume containing the advances of the science during the current year. Among its contributors may be found the names of such men as J. Mitchell Bruce, M.D., Malcolm Morris, M.D., D. Berry Hart, M.D., Alfred Cooper, F.R.C.S., and others.

**KOCH'S REMEDY IN RELATION SPECIALLY TO THROAT CONSUMPTION.**

By LENNOX BROWNE, F. R. C. S., Ed., Sr. Surgeon to the Central London Throat, Nose and Ear Hospital; author of "The Throat and Nose, and their Diseases," etc., illustrated by 31 cases and by 51 original engravings and diagrams. 8 vo., Cloth, pp. 114. Lea Bros. & Co., Publishers, Philadelphia, 1891.

Although that success which was once earnestly hoped has not been as yet obtained by Dr. Koch's method in the treatment of tuberculosis, we have in the handsome little monograph of Dr. Browne's, a very fair statement of his observations in the larynx and adjacent areas. Dr. Browne is a most able clinician, an earnest observer, and anyone wishing to further study this therapeutical agent as it affects throat consumption, will do well to give this little brochure a calm and impartial investigation.

**PRACTICAL PATHOLOGY AND MORBID HISTOLOGY.** By HENEAGE GIBBES, M.D., Professor of Pathology University of Michigan; formerly lecturer on Normal and Morbid Histology in the Medical School of Westminster Hospital, London; formerly curator of the Anatomical Museum King's College, London. Illustrated with sixty photographic reproductions. 8 vo., Cloth, pp. 320. Lea Brothers & Co., Publishers, Philadelphia, Pa., 1891.

This work, though very thorough and excellent in its character, is not intended as an exhaustive treatise, but it covers the essential points with which the student must become familiar in the work of a pathological laboratory. Such instructions are given as will enable him to transfer a specimen of any morbid change directly to the microscope in an unaltered condition, and to recognize it without difficulty.

In the section on Practical Bacteriology the student will find all the instruction needed to enable him to study by the micro-



scope the different forms of micro-organisms, in their growth, their action in animals by inoculation, and their morphology.

Dr. Gibbes has been an earnest and active worker in this field, and his instructions throughout will be found eminently practical, thorough and instructive. The photographic illustrations are most excellent, and the publishers have brought out the work in most admirable form.

**A TREATISE ON PRACTICAL ANATOMY FOR STUDENTS OF ANATOMY AND SURGERY.** By HENRY C. BENNING, M.D., Lecturer on Anatomy in the Philadelphia School of Anatomy; Demonstrator of Anatomy in the Medico-Chirurgical College; Demonstrator of Anatomy in Philadelphia Dental College; Lecturer on Diseases of the Rectum in the Medico Chirurgical College, etc. Illustrated with 198 wood engravings. 8 vo., Cloth, pp. 481. Price \$2.50. F. A. Davis, Publisher, 1231 Fillmore street, Philadelphia, 1891.

This work is fully illustrated throughout with nearly 200 large, clear and instructive engravings. It is printed in extra large, clear type, making it specially desirable for use in the dissecting room or class room. It is not a compilation, but the result of years of practical work and a large experience in teaching. The descriptions have been taken from the bone itself and the subject on the table, and have been so treated as to adapt them to the student everywhere. While not as large as the usual text-books on anatomy, nor yet so small as many of ready remembrances, it occupies a middle ground between, and we are satisfied it will find an acceptable place with many students.

**ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS.** By DEFORREST WIL-  
LARD, A.M., M.D., Ph. D., and LEWIS H. ADLER, JR., M.D.  
12 mo., Paper, pp. 144. Price, 25 cents. Geo. S. Davis,  
Detroit, Mich., Publishers, 1891.

This is a very fair treatise on Anæsthetics, as used at the present time. The various means and measures for producing anæsthesia, the dangers and effects, are all fully considered. In the historical summary, however, no mention is made of Dr. Crawford Long, of Georgia, who unquestionably was the first to use ether to procure relief from pain during a surgical operation.

THE PHYSICIANS' VISITING LIST (Lindsay & Blakiston's) for 1892. Forty-first year of publication, P. Blakiston, Son & Co., publishers, 1012 Walnut street, Philadelphia. Sold by all booksellers and druggists.

This standard old stand-by of the practicing physician, one of the best ever produced, is the first one to put in its appearance for the coming year. Having been in daily use of this old reliable for more than a score of years, we can most heartily and sincerely endorse the statement made by the *N. Y. Med. Record*, that "for completeness, compactness and simplicity of arrangement, it is excelled by none on the market." The regular edition for 25 patients per day or week, with pencil, pockets, etc., is sold at \$1.00. For 50 patients, as above, at \$1.25; for 75 patients, \$1.50; and for 100 per day or week, at \$2.00. The interleaved edition and the perpetual edition are a little higher. Its arrangement in any of its forms is most excellent; the binding strong and durable, it is complete, and so far as we know, the most handy and useful of all of its class.

AN ABSTRACT OF THE SYMPTOMS, with the latest dietetic and medicinal treatment of various diseased conditions, the Food Products, Digestion and Assimilation. 12 mo., Cloth, pp. 70. Reed & Carnrick, 447 and 449 Greenwich street, New York, publishers, 1891.

This little volume contains many valuable points and suggestions in regard to the dietetic management of diseased conditions. Also will be found some excellent suggestions for treatment of some of the more common disorders of the digestive organs and functions.

SCIENTIFIC MEDICINE IN ITS RELATION TO HOMŒOPATHY. By Prof. THEODOR BARKODY, M.D., of Buda-Pesth University. Translated from the German by Rudolph F. Bauer, M.D. 8 vo., Cloth, pp. 60. Price 50 cents. Boericke & Tafel, Publishers, Philadelphia, 1891.

This little monograph may serve to interest anyone for a brief unoccupied hour, who desires to know upon what grounds the deluded followers of Hahnemann attempt to ally themselves to science.

**ESSENTIALS OF NERVOUS DISEASES AND INSANITY**, their symptoms and treatment. A manual for Student and Practitioner. By JOHN C. SHAW, M.D., Clin. Professor of Diseases of Mind and Nervous System, Long Island College Hospital Medical School; Consulting Neurologist to St. Catherine's Hospital and Long Island College Hospital; late Medical Superintendent King's County Insane Asylum. 12 mo., pp. 194, 48 original illustrations. Price \$1.00. W. B. Sanders, Publisher, 913 Walnut street, Philadelphia, 1891.

Another very excellent number of the Saunder's Question Compend is No. 21, with the above title. It is not intended to take the place of larger and more complete works, but is for use as a primer for advanced students. Its teachings will be found reliable and it gives a large fund of practical information in small space.

**THREE THOUSANDS QUESTIONS ON MEDICAL SUBJECTS**, arranged for self-examination. 24 mo., Cloth, pp. 144. P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia, 1891.

The name of no author or editor adorning the title page, the publisher's preface states that this little book has been prepared by a medical man, a teacher and a writer of experience, with special reference to the actual wants of the medical student. Its aim is to help the student successfully quiz himself; yet we cannot but think it a grievous waste of paper and labor, and although quite small, the work expended in its production might have been more profitably engaged elsewhere.

**ESSENTIALS OF BACTERIOLOGY**, being a concise and systematic introduction of the study of micro-organisms for the use of Students and Practitioners. By M. V. BALL, M.D., late Resident Physician of German Hospital, Philadelphia; Assistant in Microscopy, Niagara University, Buffalo, N. Y., etc. 12 mo., Cloth, pp. 159, with 77 illustrations, some colored. Price \$1.00. W. B. Sanders, 913 Walnut street, Philadelphia, Publishers, 1891.

This is an excellent Compend of Bacteriology, and anyone wishing a quick and ready means of obtaining satisfactory information on this important subject will do well to procure it. Theory and obsolete methods have been slightly touched on, and it is a brief yet concise and practical consideration of the subject.

**PUDMONARY CONSUMPTION, A NERVOUS DISEASE:** Considered as such from a Practical, a Clinical, and a Therapeutic Standpoint. By THOS. J. MAYS, M.D., Professor of Diseases of the Chest in the Philadelphia Polyclinic; Visiting Physician to Rush Hospital for Consumption, etc., etc. 12 mo., Paper, pp. 185. Price, 25 cents. Geo. S. Davis, Detroit, Mich., Publisher, 1891.

This is a very excellent number of 'The Physician's Leisure Library Series, and the neurotic theory of this terrible disease is very fully argued, with evidence adduced from both clinical and therapeutic observations.

WE DESIRE to acknowledge with thanks the receipt of reprints of the Addresses, Papers and Discussions in the Section of Surgery and Anatomy, and in the Section on Oral and Dental Surgery of the American Medical Association at the last meeting in Washington, May 5-8, 1891. We presume anyone can procure copies by addressing the publisher of the Journal of the Association, at Chicago, Ill. For reference to the work done in the particular sections they are very useful and valuable indeed.

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1. The first step is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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